FOR STATE HEALTH DEPT

rector. Page pur files. is necessary, O DEPUTY PEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0 2

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VS. /	7/59	

Items 2082] Film 307 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01862MEDICAL EXAMINER'S CERTIFICATE OF DEATH
01841

						and livered 16 inc		1 / 1 /
1. PLACE OF DEATH				2. USUAL RESIDE				ice before admissi
Frederi	ck		MARYLAND	Maryland	d	Fed.	erick	
b. CITY OR TOWN	f outside corporata limit	is,	c. LENGTH OF STAY IN 16	-11	N (If outside corporate	limits, write R	URAL and give	nearast town)
	give neerest town)		60 Yrs	Y To Co	~~			
d. NAME OF HOSPI		f not in hospi	itel, give street eddress)	Le Goi				. IS RESIDEN
			givo silooi eddiessi,	G. STREET ADDRES				ON A FAR
								YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Charles		Bruce	Barrick	DEATH	Feb.	13	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 2 /7		E (In years If	UNDER 1 YEAR	IF UNDER 24 HR
27 37	427	WIDOWED		INIM HUM HICH	11 1031	birthday)	Months Days	Hours Min.
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done during most of wo		d)		IKI II. DIKIHPLACE (SIA	ara or foreign country)			OF WHAT COUNT
Labore	r	Ra	ilroad	Maryland	d		U.S.	A.
13. FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME			
James I	. Barrick			Nettie T	rene Meisn	er		
5. WAS DECEASED EV	R IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.		1 OHO MICEDIA	Address		
Yes, no, or unkown) (I	yesgive were datesofs	ervice)	0 . 2 / 1-0		The State of	• •	20	
105		10/	7-03-6639	Mrs Marie E.	. Long	Le Gor		
The second second	EATH (Enter only one	cause per lin	e for (e), (b), end (c).]					TERVAL BETWEEN
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934.0	MMEDIATE CAUSE (6)_ DUE TO	Lnv	riremental Exp	posure Fr	eezing			
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MARYLAND STATE DEPARTMENT OF HEALTH 01863 VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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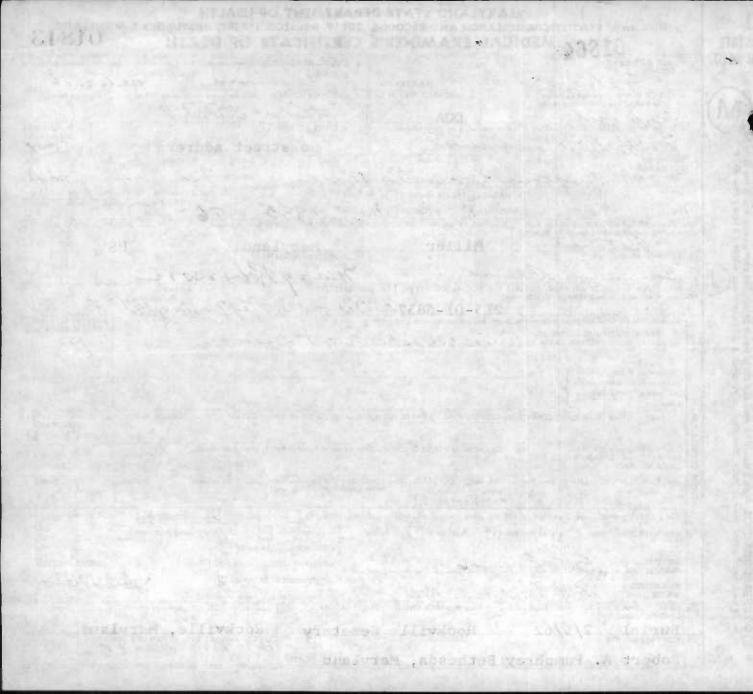
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01843 11862 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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5M 7/59	10		Robert	A. Pumpl	arey 1	Sethesda	, Mary	land DA	TE			
	(C)											



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 pt. be retained by the hospital or attending physician.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01844

1	1. PLACE OF DEATH e. COUNTY Frederick	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edmission) e. STATE Maryland b. COUNTY Frederick
1	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Frederick MARYLAND c. LENGTH OF STAY IN 1b Lifetime	c. CITY OR TOWN (If outside corporete fimils, write RURAL and give neerest town) // Frederick
9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Frederick Memorial Hospital	d. STREET ADDRESS 512 North Market Street on A FARM? YES \(\) NO \(\)
	3. NAME OF First Middle DECEASED (Type or print) Margaret Jane B:	Lest 4. DATE Month Dey Yeer OF DEATH February 23, 19 62
2	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min. Jan 30. 1897 65 yrs.
		Y 11. BIRTHPLACE (County & State, or foreign country) Frederick, Maryland 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
1	Andrew Jackson	Sarah ?
	(Yes, no, or unkown) (If yes give wer or detes of service)	Carl C. Biddinger 512 N. Market Fred. Md.
2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	interval between onset and peath 24 hours It disease regulates with depertures years to knated to the terminal disease condition given in Part 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
		. (Entar neture of injury in Part or Pert of item 1B.)
		CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2-22-19.6.2 and that	2 - 1/- , 19.56, to 2 - 2.3, 19.6. 2 that (I) (we) last death occurred at
	22c. PHYSICIAN'S NAME (Type) Dr. Rex R. Martin M.	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. XX DIRECTOR PHYS. 2-23-1962 22d. ADDRESS 220 North Market Street Frederick, Md.
	23e. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 2-26-1962 Mt. Olivet Cer	metery Frederick, Maryland
	ADDRESS ADDRES	ryland 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE Carthur S. Hana

Ser Company

m. Nor E. Martin Phys. Red Harth Harlet Street Frederick, 24.

Instruct collection Carolina Carolina Section Section

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1SM 7/61

CERTIFICATION

W. PRESTON STREET, BALTIMORE 1, MARYLAND 01866 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest write RURAL end give nearest town) EREDERICK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS RESIDENCE ON A FARM? YES NO X NAME OF DATE Month Yeer DECEASED OF (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) INVALID 13. FATHER'S NAME 16. SOCIAL SECURITY NO. (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO D YES 20b. DESCRIBE HOW INJURY CCURED. (Enter neture of injury) Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, ferm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While at work 24..., 196.0, that (1) (we) last 19.6.2 and that death occurred a 2.5.M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE SIGNED PHYS. DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2

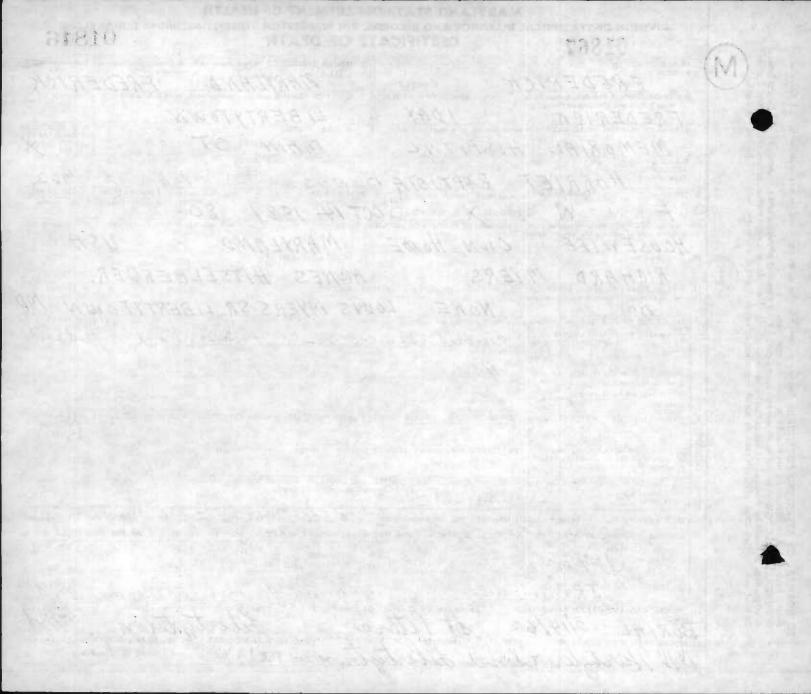
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where daceasad lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY 12 F MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town 24 write RURAL and give nearest town) DERICK
HOSPITAL OR INSTITUTION (if not in hospital, give streat address) ED OF HO executed within d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely 3. NAME OF 4. DATE DECEASED OF (Typa or print) DEATH 196 carbon 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) DIVORCED physician remove 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired)

13. FATHER'S NAME please aftending and HITSELBERGER Then 16. SOCIAL SECURITY NO. removal, (If yes give wer or dates of service) SR LIBERTYTOWN 0015 signed by the affending physician. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO peen Conditions, if any, which (b) gava rise to immadiata cause DUE TO (a), stating tha underlying as the cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa) PERFORMED? NO for use CERTIFI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (Stata) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) factory, straat, offica bldg., etc.) Hour a.m. While Not While at work at work RECTOR: 21. I certify that (I) (this hospital) attended the deceased from 16 Feb., 1962 to 12 Feb., 1962, that (I) (we) last 1962, and that death occured at 1.1.M., from the causes and on the date stated above. saw the deceased alive on 12 DATE 22a. SIGNATURE STAFF SIGNED DIRECTOR PHYS. director, page be filed with th PHYS. 22d. ADDRESS 22c. PHYSICIAN' NAME (Type FREDERICK 23a. BURIAL, CREMATION, REMOVAL (Specify) VR A15 (4) Cirthur S. Krous 4 '62



FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the ward "pending" in pendi is them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for a few for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIR JOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Back Health, ar its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01868

Reg.		0	4	Q.	g h	1
Reg.	Dist.	No.		0		F

a. COUNTY	rederick		MARYLAND		SIDENCE (Where of Maryland	deceased lived. If insti b. COUN		derick	
b. CITY OR TOW and give necess Frederi		RURAL	c. LENGTH OF STAY IN 1b	c. CITY O	R TOWN (If outside Frederic	e carparate limits, writ	e RURAL ond	give neare	ist town)
	OSPITAL OR INSTITUTION (d. STREET	ADDRESS				IS RESIDENCE
Frederi	ck Memorial H	lospita	al	1	165 B &	0 Avenue			ES NO
3. NAME OF DECEASED (Type or print)	Fie		Middle CHRISTOPHER	BURRI	OF		h ebruary	Doy 7 11.	Year 1962
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED 8	. DATE OF BIRT	Н	9. AGE (in years fail birthday)	IF UNDER 1		UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [4 4 Maj	1884	77 yrs.		Days Ho	ours Min.
during most of w	- Frederick (Products, Inc	Dan	ACE (State or fore		12. CITIZ USA		THAT COUNTRY
Charles				Unkne					
	D EVER IN U. S. ARMED FO	RCES? 16 S	OCIAL SECURITY NO. 17. I	NFORMANT	17.24	Addres			
Yes, no, or unknown)	(If yes, give war or dates of				For (Sa	ne as item			
gave rise to in (a), stating t cause last.	if ony, which mmediole cause the underlying DUE TO (c)	Nepl	nonary Embelus					10 3	ours Yrs-Plus
20g. EXTERNAL			NTRIBUTING TO DEATH BUT !				VEN IN PARI	YES	ERFORMED?
20c. TIME OF I		While	Not while of work	CE OF INJURY ory, street, offic	Home, form, bldg., efc.)	(City or town)	(Cour	nty)	(Stote)
		Vatural co	emoins described abo auses 🗽 , Accident [, Suicid	e [], Homi	cide []. Under	, Inquiry ermined m	onner [ond in my
SIGNATURE_ EXAMINER'S NAME (Type)	B. O. Thomas		D.	ASSIST/	MEDICAL EXAMINE MEDICAL EXAMIN	MINER	14 F	eb 19	
220. BURIAL, CREM REMOVAL (Spo	2-15-62		Mount Olivet			ocation (City, town.	-		(State)
23. FUNERAL DIRECT	tchison & Son	nane, Free	lerick, Maryla	nd/?	DATEER 1 5		ISTRAR'S SIGN		

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	Barrier B. M. L. Sez. C. C.		FE TOP KILL		
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Page a. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) tor. write RURAL and give nearest town) Baltimore I4 D.O.A. Rural Route 40 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boa 2, and 3 to the funeral 5 may be retained to be retained the the State B 1702 Swansea Road Frederick Memorial Hosp death, NAME OF Middla 4. DATE Month DECEASED Clifton (Typa or print) George Christensen DEATH with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX IF UNDER 1 YEAR may 2 wiff age 5 may 1 and 2 wi 72 hours last birthday) Months 1 Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page done during most of working life, avan if retired) Construction worker Manyaland Texas "in pencil in Item 18. Give Pages Office along with form PM3. Pa burial-transit permit. File pages 1 noval, and in any eyent within 7 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruby Hall Marinos Christensen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewarordatasofservica) +49-18-8055 What was found in his pocket book 18. CAUSE OF DEATH [Enter only one cause pastine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** removal, certificate should Conditions, if any, which (b) g the word "pending" in f Medical Examiner's Of should be used as a bu gava risa to immadiata cause DUE TO (a), stating the undarlying 0 should be used rial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING writing the Chief M Sage 3 she to burial, CAUSE OF DEATH. Car struckabutment ofdrainage culvert spun arond & upset 2Dd. INJURY OCCURRED (20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., etc.) 2/2/62 at work X Route 40.4 miles E. onFrederick Frederick Md the R: P: at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection K. Inquiry & should be forwarded to FUNERAL DIRECTOR ā CAL death resulted from: Natural causes Accident XX Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER please execute 4 should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S B.O. Thomas . M. D. NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOYAL (Specify) Baltimore Nat'l Burial 40 9 M Baltimon 23. FUNERAL DIRECTOR Henry W.

Jenkins & Sons Co.

Road Balt. 12 Md.

VS. A15ME 5M 7/59

wind & Thouse

(County)

a. IS RESIDENCE

YES NOX

1961L

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES X

DATE SIGNED

(Stata)

NO

Days

U.S.A.

ON A FARM?

Al promising 12 booff seewees Soul STATE OF THE COLUMN TWO IS NOT THE WORLD TO BUTTO Distriction of the Control of the course will be here's win think of oc- 11-6-4 A THE RESIDENCE OF THE PARTY OF Cor. strangle but to the star as with the to the study but and 27 2/2/52 Thomas and the World States Tommeration of Transmission No. Control Land Comment Land Comme and another bound of the THE STATE OF STREET STATE OF S

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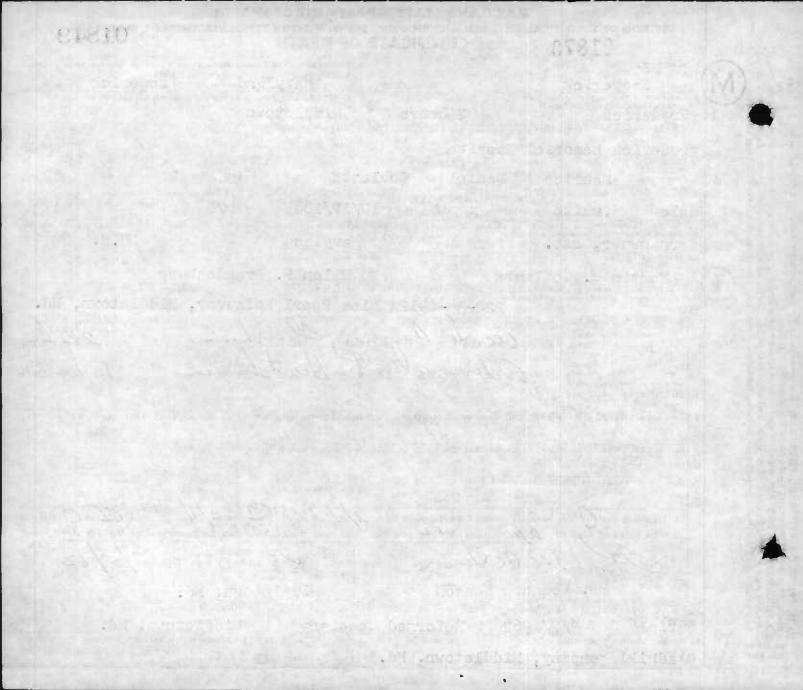
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 m × be retained by the hospital or attending physician.

> TO FUNERAL I COMPLETED AND A Security of the plant of the plant

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01870 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
4	Frederick	• STATE Maryland Frederick
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9	write RURAL and give nearest town) Frederick 2 hours	X Middle town
9	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
I	Frederick Memorial Hospital	ON A FARM? YES NO 🔀
71	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Maurice Daniel Cobl	17
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	male white widowed Divorced 1	0/1//1885 /0 yrs. Months Days Hours min.
	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired) farm owner, ret. farm	Y 11. BIRTHPLACE (County & State, or foreign country) Maryland U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7	Martin C. Coblentz	Ellen F. Brandenburg
1	(Yes no or unknym) (If yes a ive was ordered feet vise)	NFORMANT Address
	no 220-34-0412A M	iss Pearl Kefauver, Middletown, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (4), (b), and (c).]	INTERVAL BETWEEN ONSET AND DE ANH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clerke Coron	rang Krombon 2/2 lis
	T 2 D ODUE TO	01111.
	Conditions, if any, which) (b) (Ir flow sclere	the Herr driese unknown
	gave rise to immediate cause (e), stating the underlying DUE TO	
	cause last. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	A	YES NO
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of Item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While at work at work	ory, street, office bldg., etc.)
	21. I certify that (1) (this hospital) attended the deceased from.	2/4 10-3 1962, to 2/4/ 1962 that (We) last
		death occured at 2.3MM, from the causes and on the date stated above.
	22a. SIGNATURY	/ / 22b. DATE
	Homes (Callenson M.	D. ATTENDING MED. STAFF 2/5/62 SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Dr. Kenneth Henson	Middletown, Md
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	burial 2/7/1962 Reformed C	Cemetery Middletown, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
D.	Gladhill Company, Middletown, Md.	DATE FEB 8 '62 arthur S. France
J		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON

DIVISION	OF STATISTICAL I	RESEARC	CERTIFIC	ATE (OF DEAT	H	T, BALTIMO	ORE 1, MAI	185	0
1. PLACE OF DEATH		1.00			USUAL RESIDE		deceesed lived, If b. COU		dence befora	admissio
	erick -	. c.	MARYLAI LENGTH OF STAY IN		c. CITY OR TOWN	yland	rporate limits, wri	Freder		own)
write RURAL end	give neerest town)			X			, , , , , , , , , , , , , , , , , , , ,	i item a ana gi		,
d. NAME OF HOSPI	TAL OR INSTITUTION (if n	ot in hospitel,	give streat address)		Middlet d. STREET ADDRES	ss			e. IS	RESIDENC
Valley Vi	lew Nursing	g Home	9						YES	NO NO
. NAME OF DECEASED	First		Middle		Last	4. DATE	Mont	h D	ey Ye	er
(Type or print)	Minnie			Coc	kerly	DEAT	'н 2		5 19	962
. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In yeers		AR IF UNDE	ER 24 HRS
female	white v	VIDOWED [DIVORCED	1 12	17/7/202	1880	lest birthdey)	Months Day	s Hours	Min.
e. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	10b. KIND	OF BUSINESS OR IND	DUSTRY 11	BIRTHPLACE (Co	unty & Slete,	or foreign country) 12. CITIZEN	OF WHAT	COUNTRY
	eacher, ret	. pul	lic scho	ool	Marvlan	h			U.S.	
3. FATHER'S NAME				14.	MOTHER'S MAIDE				0.00	
John Cook	erlv				Mary An	n Ing	ram			
5. WAS DECEASED EV	ER IN U.S. ARMED FORCE		IAL SECURITY NO.	17. INFO		MA MALE.	Addres	Balti	more.	Md.
no no unkown)	fyes give war or dates of serv	ice)		Mrs.	Paul G	aver.		ow Hil		
IB. CAUSE OF D	EATH [Enter only one ce	use per line fo	or (a), (b), and (c).)	1	D	-	oks.		INTERVAL BI	ETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	111/2	Dailali	(124000	12111	Flori	mia	ONSET AND	DEATH
ILES		Vila	corrections		Collin		- 6	1	- Jan 1 / -	
Conditions	DUE TO	14	TEOMA	MA	510	me	ed cue	26	an.	19
Conditions, if any	iate ceuse	Cu		~	2	mu	9 200		0	6
(a), steting the u	ndarlying DUE TO	Der	Leva Di	cia	1 telsi	· for	retre	111		
ceuse lest.	(c) (c)	NIE CONTRIB	HTING TO DEATH N	UT NOT BEI	ATED TO THE TER	CONC	E CONDITION GI	VENUINI DART 1) 19. WAS	ALITORS
PARI II. OTHE	SIGNIFICANT CONDITIO	NS CONTRIB	OTING TO DEATH BO	OI NOT KEL	A TED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(a		ORMED?
PART II. OTHER									YES	NO G
20a. ACCIDENT W	CAUSE OF DEATH	Ob. DESCRIB	E HOW INJURY OCC	CURED. (Enti	er neture of injury	in Pert I or Per	t II of item 1B.)			
	MEDICAL EXAMINER)		By Portion							
20c. TIME OF INJU	IRY Month, Dey, Yeer	While	Not While		F INJURY (Home, fi treet, office bldg., c		ity or town)	(County)		(Stete)
p.m.	19	at work	et work							
21. I certify t	hat (I) (this hospital	attended	the deceased fr	rom	June	, 196.1, 1	o Fel	5 1962	that (I)	(we) la
saw the deceas	* 8	4 47	19.6.2 and	/	Th occured at	7 4				
22e. SIGNATURE	10/		1							b. DATE
	1777	=	1100	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2/6/	1796
22c. PHYSICIAN'S	1		, vec	74.0.	22d. ADDRESS				-/ 0/	1700
NAME (Type)	r. A. Talk	ott F	Brice		Jef	ferso	n, Md.			
3a. BURIAL CREMATI	ON, 23b. DATE THEREO		. NAME OF CEMET	TERY OR C			CATION (City, to	wn or county)	((State)
REMOVAL (Specify)	2/8/196		utheran	1	tery		ddletow		Md	
DUTIAL FUNERAL DIRECTOR			ADDRESS				ISTRAR 25b. RE		-	
CD		p.* 9 9 9					00			
Gladhill	Company. N	ilddle	town. Mo	d.	DATE	EB 8 '	62 a	Wheny & Th	Alla	

in by the funeral The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL I SCIOR: After this certificate has been signed by the attending physician and completely filled director, page 3 ground be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours as VR A15 (4) 15M 9/60

1 1 1 1 1 1 Metridane (Ereconne Thesena 2 mes (Be El al and Degree of with 6 met Beginning Visting milenier June of Mes in . or the rest of the state of t

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Rasidanca batora admission) a. COUNTY Page files. e. STATE b. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Rural Thurms Thurmont Thurmont [Build d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street eddress) d. STREET ADDRESS a. IS RESIDENCE "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of Give Pages 1, 2, and 3 to the funeral of Give Pages 5 may be retained followial-transit permit. File pages 1 and 2 with the form noval, and in any event with the following permit. ON A FARM? YES NO 3. NAME OF Middla Last 4. DATE Yaar DECEASED (Type or print) JAMES EDMON CORNETT 2-13-62 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) White Male July 20. WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) U.S.A. Virginia Own Farm Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minnie E. Null James Calvin Cornett 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass Josephine D. Cornett Thurmont, Md. RD2 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Environmental exposure IMMEDIATE CAUSE (a) EXAMINER: This certificate should be DUE TO removal, Freezing (b) gava rise to immadiata causa lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a r its designated agent, prior to burial, cremation, or rem DUE TO (e), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of itam 18.) PRIMARY IX or CONTRIBUTING No injury - Found sitting & leaning against his car CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) (Stata) fectory, street, office bldg., etc.) Not While et work et work Thurmont RD 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion Natural causes , Accident , death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Feb. 13. 1962 DEPUTY MEDICAL EXAMINER DEPUTY NAME (Type) B.O. Thomas Frederick.Md Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Steta) REMOYAL (Specify) Blue Ridge Cemetery Burial 240 p Thurmont, Md. ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Thurmont, Md. DATE FEB 1 9 '62 Chilhung & thous 5M 7/59 vmond

MARYLAND STATE DEPARTMENT OF HEALTH

THE SHAD YELD THE THE CHEST OF STATE OF A STATE OF THE PROPERTY OF THE THE RESERVE OF THE PARTY OF THE MARYLAND STATE DEPARTMENT OF HEALTH
01873 CERTIFICATE OF DEATH

01852

1.	PLACE OF DEATH	REDERICK	MARYLAND	2. USUAL RESIDENCE (WAR a. STATE Mary L.	and b. COUNT	tion: Residence be Y Washin	fore admission)
	b. CITY OR TOWN RURAL and give r	(If outside corporate limits, writ			outside corporate limits, write		earest lown)
	Freder		3 days	RURAL -	- Sandy Ho	UK Z	1X'd
	OR INSTITUTION			d. STREET ADDRESS	11a Ma		e. IS RESIDENCE ON A FARM?
1	rederick	k Memorial H	ospital	RFD#1 KIIO	xville, Md.		YES NO X
3.	NAME OF DECEASED (Type or print)	First MARTHA	JANE C	Lost OULTER	4. DATE MCOOF DEATH Februa	ry 8,	1962
S.	SEX	6. COLOR OR RACE 7. M	ARRIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
	Female			Aug.19, 190	,		
	during most of wa	rking life, even if retired)	Ob. KIND OF BUSINESS OR INDU				OF WHAT COUNTRY?
	tchen Ir	ispector	Hood College	Baltimore	0 /	. USA	7
13	. FATHER'S NAME			14. MOTHER'S MAIDEN N			
	Henry	Barger		Emma	Woods		
			16. SOCIAL SECURITY NO. 17. II	NFORMANT John	E. Coulter Ad	dress Box 5	32-A
	es, no, or unknown)	(If yes, give war or dates of service)	219-12-1212 R		oxville, Ma		
-	TIR CAUSE OF DE	ATH [Enter only ane cause pe		10 2 1, 1011	ONVILLE, III		ITERVAL BETWEEN
	Conditions, if gove rise to couse (a), stoting	the under-	RTERIOSCLEROTI			2	NSET AND DEATH
CERTIFICATION	PART II. OT	1-7	NABETES ME I	LITUS NOT RELATED TO THE TERM	nal disease condition G	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		YAS UNDERLYING ☐ 20b. E G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	Wh		ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Count	y) (State)
	21. I certify th	at (I) (this haspitol) often	ended the deceosed from.	2-5- 19 death accurred at 53	M, fram the causes a		that (I) (we) last te stated abave.
	22a. SIGNATURE 22c. PHYSICIAN'S	austin t	Pearre	M.D. ATTENDING M.D. PHYS. DI	ED. STAFF PHYS.		22b. DATE 2/8/SIGNED 2/8/02
	NAME (Type)	A. Austin P	earre, M.D.		ick, Md.		2/8/62
23	a BURIAL, CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town	, or county)	(State)
1.	REMOVAL (Specify Burial	2/11/62	Garrett's M	ill Cemeter	y, Garrett'	s Mill.	Md.
A	FUN RAL DIRECTO	is steamfule	Harpers Ferr West V	У , 2So. REC'	D BY REGISTRAR 25b. REC	GISTRAR'S SIGNAT	TURE
(=	100			DAIL		23, 700	

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	Table 1994 Traffic House Baseline Assist May 1994 The State of the Sta

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE

CERTIFICATE OF DEATH 01874

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If		e before admission)
) a. COUNTY Frederick	~MARYLAND	a. STATE MC		Frede	erick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	,	f outside corporata limits, write	RURAL and give n	earest town)
and the second s	3 Wks	Freder	ick		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Frederick Memorial Hospi	tal	190 W.	All Saints	St	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day	Year
	HALL DORSE	EY	DEATH FEB.	14 16	1962
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
F C WIDOWED		July 27-188	last birthday) 72 yrs.	Months Days	Hours Min.
	Process 1		ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
done during most of working life, even if retired) Domestic	+464646464646	Frederi	ck. Md.	TT C	3.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		0	Jene
William E. Hall		Alice Mur	dock		
	IAL SECURITY NO. 17. I	NFORMANT	Address		
(Yes, no, or unkown) (If yes give war or detes of service) unk	mown Fi	onence Hel	1-125 N. Be	nte-Fne	a Ma
18. CAUSE OF DEATH [Enter only one cause per line to		tor ence mas	TI-TEO W. De		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	accionat	T- ()		ON	SET AND DEATH
IMMEDIATE CAUSE (a)	uncomuc	ous			a nicoscoriu
DUE TO					
Conditions, if eny, which (b)					
(e), steting the underlying DUE TO					
cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU)	res NO
20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE OR CONTRIBUTING 2 CAUSE OF DEATH	HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJUR		CE OF INJURY (Home, farm		(County)	(State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY Hour a.m. White at work 19	1401 11 1010	ory, silver, office brog., are	•/		
21. I certify that (I) (this hospital) attended	the deceased from		1954 to 2/16	1962	hat (I) (we) last
saw the deceased alive on					
22a. SGNATURE	/ and mar	Jedin occured dr	I OIL IIIC COLOGO	0110 011 1110 00	22b. DATE
I amak II.		DUNC F	MED. STAFF PHYS.	2-19-	SIGNED
22c. PHYSIGIAN'S	/	.D. PHTS. 22d, ADDRESS	. 4	11	- 1 10
NAME (Type) JAMES B. Th	DMAS	Profes	CSIONAL-B	hos its	red, Mo
	. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stete)
Burial Feb. 19-62	Fairview		Frederick	Ma	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25aREG		GISTRAR'S SIGNAT	TURE
0 D	rick, Mary	land DATE	23 62 an	hur S. Thrus	
	TOTAL JAMES Y	TOTAL PART			

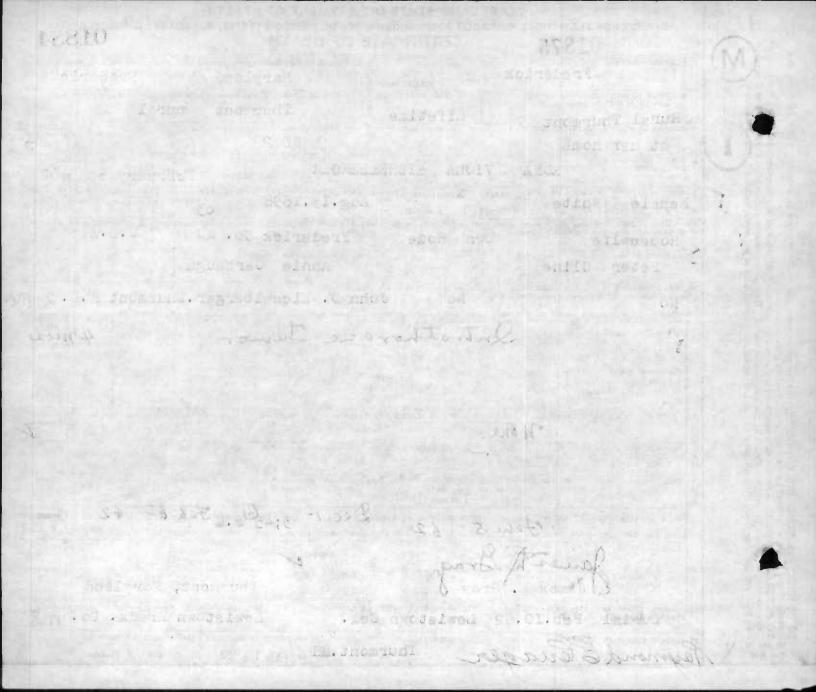
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for all accomolis	O . H down film composi	mominu		eH He
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164 (p.) cerberge	11-32 Friedles		

by the funeral and 2 should ar death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. AECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagin and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a death. Page 4 may be retained by the hospital or attending physician. S TO FUNERAL AECTOR: After this certificate has been signed by the attending physician and completely fill a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 months.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01875 CERTIFICATE OF DEATH

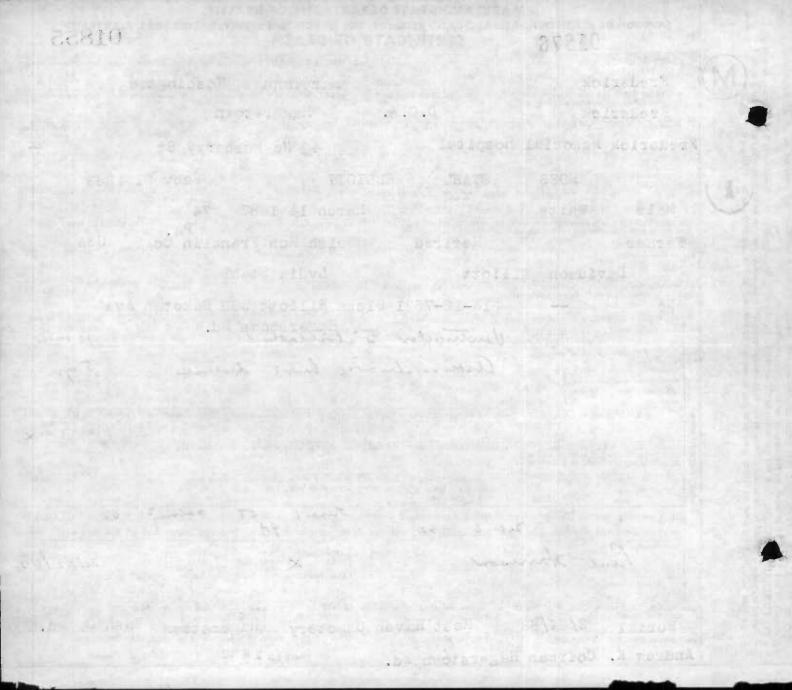
1. PLACE OF DEATH a. COUNTY Frederick	The second protection of the later and the second	
MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Resident a. STATE Maryland b. COUNTY Fred	erick
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Rural Thurmont C. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (If outside corporata limits, write RURAL and give Thurmont rural	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At her home	J d. STREET ADDRESS RD 2	ON A FARM?
3. NAME OF DECEASED (Type or print) EDNA VIOLA EICHE	LBERGER 4. DATE Month Day OF DEATH February 6	Year
5. SEX Female 6. COLOR OR RACE 7. MARRIED	B. DATE OF BIRTH Aug • 13 • 1898 9. AGE (In years left UNDER 1 YEAR last birthday) 03 yrs. Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retirad) Housewife Own Home	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN C. Frederick CO. MD 12. CITIZEN C. U.S.	A COUNTRY?
13. FATHER'S NAME Peter Cline	14. MOTHER'S MAIDEN NAME Annie Carbaugh	
	ohn D. Eichelberger Thurmont	R.D. 2 M
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the undarlying cause last. (c)	acic Jumos	MSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
None.		19. WAS AUTOPSY PERFORMED? YES NO 1
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURIOR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20a. PI Whila Not Whila at work at work	ED. (Enter natura of Injury in Part I or Part II of itam 18.) ACE OF INJURY (Homa, farm, 20f. (City or town) (County) iclory, streat, office bldg., atc.)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURIOR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Whila Not Whila at work fe et work at work 21. I certify that (I) (this hospital), attended the deceased from	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) clory, streat, office bldg., atc.) 12 Opto Jak. 6 - , 196.2 at death occured at	PERFORMED? YES NO (State) that (I) (No last ate stated above, 22b, DATE
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED to the work at wo	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) clory, streat, office bldg., atc.) at death occured at	PERFORMED? YES NO (State) (State) that (I) (No last ate stated above.
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20a. Pi fe et work at work fe et work at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 & 2, and the 22a. SIGNATURE	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) clory, streat, office bldg., atc.) 12 Opto Jak. 6 - , 196.2 at death occured at	PERFORMED? YES NO (State) (State) that (I) (No last ate stated above, 22b. DATE SIGNED
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURIOR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PI While Not While et work at work at work 20d. Injury 20d. Pi 20d. Injury 20d. Pi 20d. Injury 20d. Pi 20d. P	ATTENDING MED. ATTENDING PHYS. ATTENDI	PERFORMED? YES NO (State) (State) that (I) (No last ate stated above, 22b. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01876 CERTIFICATE OF DEATH

1. PLACE OF DEAT	H			2. USUAL RESIDE	NCE (Where de			nce before edmissig
•. COUNTY Freder:	d ale		AFFRATT TANK	e. STATE	3 167	b. COUN		/
	if outside corporete limit	1 - 1 ENV	MARYLAND GTH OF STAY IN 16	Mary Lar		ashing		nancast tauml
write RURAL end	d give nearest town)	c. LEIN					KOKAL end give	nearest town)
Freder			D. O. A.	Hage	erstown		210	03.2
d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospitel, give	e street eddress)	d. STREET ADDRES	S			e. IS RESIDENCE
Frederick		Hospita	1	42 No	Mulbe	rry St		YES NOW
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Montl	n Dey	Year
(Type or print)	Moss	STAHL		IOTT	DEATH	Feby	21 196	2 19
5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y Months D								Hours Min.
Male	White	WIDOWED [DIVORCED		1887	74 yrs.		
	TION (Give kind of work orking life, even if retire		USINESS OR INDUST	RY 11. BIRTHPLACE (Co	unly & State, or i	oreign Puntry)	12. CITIZEN	OF WHAT COUNTR
Farmer		Reti	red	Welsh Ru		clin C	o U	SA
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
		lliott		9	Stahl			
(Yes, no, or unkown) (ER IN U.S. ARMED FOR Ifyes give wer or detes of se	CES? 16. SOCIAL				Address		
No		213-12	3-7521 G	lenn Ellio	tt 365	Dakota	ah Ave	
18. CAUSE OF I	DEATH [Enter only one	ceuse per line for (e), (b), end (c).]	Unana	+	2		NTERVAL BETWEEN
PART I. DEAT	PART I. DEATH WAS CAUSED BY:							
41	410							
Conditions, if ony, which > (b) arter, in clientic heart disease								5
	177							
(e), steting the underlying DUE TO								-
couse lest.	(e), stering the underlying							
Z PART II. OTHE		TIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE	ONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPS
9								PERFORMED?
5	ALC TRIBERTY VILLE III	001 05550105 115	DIVINIUM OCCUPE	D (F.)	. 9 1 9 4 !!	-6 2 10 1		YES NO K
OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH (MEDICAL EXAMINER)	206. DESCRIBE HC	OW INJURY OCCURE	D. (Enter neture of Injury i	in Peri or Peri II	of item 18.)		
ZOc. TIME OF INJU		ar 20d. INJURY C	OCCUPPED 1 200 PL	ACE OF INJURY (Home, fe	erm, ! 20f. (City	or town)	(County)	(Stete)
Hour e.m.	19	WhileNot		tory, street, office bldg., e		or lown,	(county)	(01010)
	that (I) (this hospit	al) attended the	deceased from	Tune 1	1957 to	7 eln.	21 1062	that (I) (we) I
	, , ,			t death occured at.			1	
	sed alive on	1	y, and tha	r death occured at.	/m, from	ine causes	and on the c	
220. SIGNATURE	-/			ATTENDING	MED.	STAFF		22b. DATE
16	ul Har	uson)	A.D. PHYS.	DIRECTOR	PHYS.		2/22/6.
22c. PHYSICIAN'S NAME (Type				22d. ADDRESS				
					100: 100:	TION! (C)		
23e. BURIAL, CREMAT REMOVAL (Specify	TON, 236. DATE THE		NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, to	-	(Stete)
Burial	2/24/62	Re	st Haven	Cemetery	Hage	rstown	Wash	Co Md.
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		REC'D BY REGIST	RAR 25b. RE	GISTRAR'S SIGNA	ATURE
Andrew K.	Coffman	Hagerst	own Md.	DATE	EB 2 6 '62	un	cours S. That	1.4
	~							



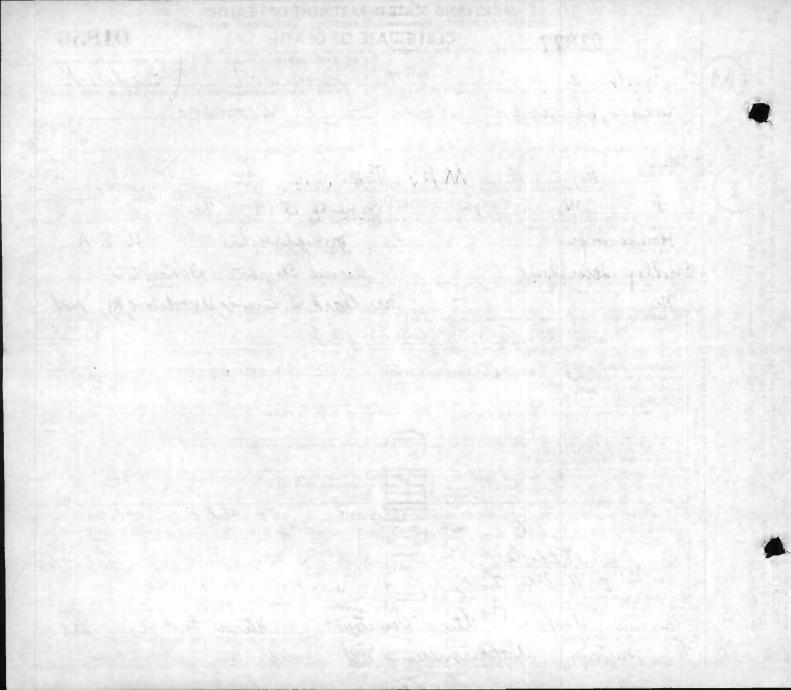
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01877

01856

1.	PLACE OF DEATH G. COUNTY MARYLAN MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Manualand
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ON GIVE NOTE OF STAY IN RURAL Woodshore d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Woodsboro d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print) E / S F Middle	Last 4. DATE Month Day Year OF DEATH FIB. 8 1962.
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min. 1 June 26, 1889 72 yrs.
L	D. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) FATHER'S NAME	NOUSTRY 11. BIRTHPECE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? W. S. A. 14. MOTHER'S MAIDEN NAME
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	7. INFORMANT Address Address RI. Med.
z	gove rise to immediate couse (a), stating the <u>under-lying cause lost.</u> DUE TO (c)	in Cardio Tossular Descart But not related to the terminal disease condition given in Part 1(0) 19. WAS AUTOPSY
CERTIFICATION		PERFORMED? YES NO DIRECT. (Enter noture of injury in Port I ar Part II af item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur o. m. While Not while at work at work	e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) gitended the deceased from sow the deceased olive on FACE 2 1962, and the 220. SIGNATURE AND ELECTRICATION E. A. DETTBARN	om. June 1957, to Feb. 1962, that (1) (we) lost at death occurred of A.M., from the couses and on the date stoted obove. M.D. ATTENDING MED. STAFF PHYS. FLORED PHYS. FLORED PHYS.
L	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 2/10/62 Utica C	emetery Utica, Fred. Co., Jul.
L	Vicination, warrersville	Ma. DATEFER 13 '62 Colon & Thomas



15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1970

CERTIFICATE OF DEATH

01857

V					
	1. PLACE OF DEATH •. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Frederick c. LENGTH OF STAY IN 1b Since 2/18/62	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) Frederick-Rural RD#3			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Frederick Memorial Hospital	d. STREET ADDRESS Vellow Springs o. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) MARION GRAYSON	CLAA 4. DATE Month Dey Year OF DEATH 1 2 2 1962			
	White WIDOWED DIVORCED DI	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 16 April 1897 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Self-employed Huckster	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waryland USA			
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
1	Elmer Feaga	Orsena Staley			
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address ***			
	(Yes, no, or unkown) (If yes give wer or detes of service)	s. Dorothy F. Smith, RD#1, Thurmont, Md.			
1	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Brondly - also	Mc Carcinonia At lung Conset and Death			
	002, 2 DUE TO DUDING WAR	Tubernelosed in atus) & alle			
	Conditions, if eny, which geve rise to immediate cause	actually 1 posts			
	(e), steting the underlying DUE TO Cause lest.	wrosis (extenser 2 cpars			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) WAS AUTOPSY PERFORMED? YES NO [X]			
		(Enter netura of injury in Pert I or Pert II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (Clty or town) (Coun fectory, street, office bidg., atc.) Phour e.m. While Not While el work el wor					
	21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 100 100 100 100 100 100 100 100 100 10	death occured at 30 M, from the causes and on the date stated above.			
	Bernard O. Themas N. M.	D. ATTENDING MED. STAFF 2/2 2/62 SIGNED, PHYS. DATE			
	27c. Physician's NAME (Type) Bernard O. Thomas, Jr., M. D.	228 N. Market St., Frederick, Md.			
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOYAL (Specify) 2-26-52 Resthaven Memo	(3.3.7)			
	24 FUNERAL DIRECTOR'S SIGNAPHY ASSAULT FOR THE SIGNAPHY FOR THE SIGNA	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATEFEB 2 6 '62 Curling 8. Finance			
-	The state of the s	The state of the s			

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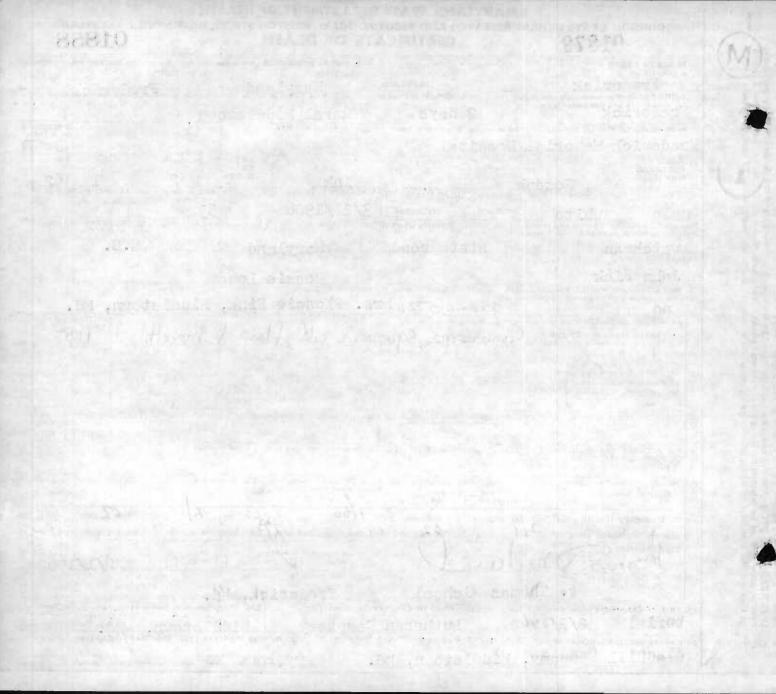
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01879 CERTIFICATE OF DEATH 01858

1.	PLACE OF DEATH					ESIDEN	CE (Where de	ceased lived, If		ce before edmission)
	Frede	riok		MARYLAND	a. STATE	- Town	3			
	b. CITY OR TOWN (i	f outside corporata limit	5,	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN	li oulsida corpo	orata limits, write	Errederi	nesient town)
	Frederic	give nearest town)		2 30770	M					
				2 days			ddletc	own		IC BESIDENCE
				pitel, give street address)	d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
		Memorial	Hosp							YES NO
3.	NAME OF DECEASED	First		Middle	Last		4. DATE OF	Mont	h Day	Year
10	(Type or print)	Joseph	1	R	Fink		DEATH	2		1962
5.	SEX	11 00100 050100	7. MARRIE	NEVER MARRIED	8. DATE OF BIRT	-	9.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	. 7 -				3/21/19	208		last birthday)	Months Days	Hours Min.
	nale	White	WIDOWE				1 0 6	23 yrs.	112 CITIZENI C	E WHAT COUNTRY
de	ne during most of wo	ON (Give kind of work		IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (Coun	nty & State, or	foreign country)	12. CITIZEN C	F WHAT COUNTRY?
				state road	M.		5 cc a		U.S.	
13	Watchmar FATHER'S NAME	1	-	react I vau	14. MOTHER'S	MAIDEN	NAME			
	John Fir	.1_								
10			0000 114	SOCIAL SECURITY NO. 17.	B€	essi	e Long	Address		
		yesgive werordates of se					373.			
	no		23	10-10-5720 MI	s. Flos	ssle	Fink,	Middl	etown,	Md.
	18. CAUSE OF D	EATH [Enter only one	cause per l	ine for (e), (b), end (c).]		1				TERVAL BETWEEN
	PART I. DEATI	H WAS CAUSED BY:	Cane	mana Laura	mous as	T) F	to real-	man L	th.	ISET AND DEATH
	1/1	IMMEDIATE CAUSE (+)_	-	0.00110030-100	,,,,,,	1	100.0	1 1.000	111	1
	1 6	DUE TO								
	Conditions, if any	1-1-								
	gave rise to immedi	DITE TO							2104 V	
	(e), steting the uncause lest.	nderlying								
7		SIGNIFICANT CONDIT	IONS CON	ITRIBUTING TO DEATH BUT N	OT RELATED TO I	HE TERMI	NAL DISEASE	CONDITION GIV	FN IN PART 1(a)	9. WAS AUTOPSY
õ	PARI II. OTTICK	SIGNIFICANT CONDIT	10113 001	TRIBOTING TO BEATH BOTT	TO I KELATED TO	TIE TERRYTH				PERFORMED?
3										YES NO
CERTIFICATION		AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of	injury in	Part I or Pert II	of item 18.)		
S. S.		MEDICAL EXAMINER)								
3	20c. TIME OF INJU	RY Month, Dey, Yee			LACE OF INJURY (or town)	(County)	(Stete)
MEDi	Hour a.m.	10	While at wor	THOI WILLIE	fictory, street, office	brag., erc	•)	1		
2	p.m.	19			1/20	-	10/2	12/1	:0M	
	21. I certify t	hat (I) (this hospit		ded the deceased from			196 / to.			that (I) (we) last
	saw the deceas	ed alive on	.l.,	1962, and the	at death occur	ed at A		the causes	and on the d	
	22a S GNATURE					2 /		STAFF		22b. DATE SIGNED
	mone	2 M	m		M.D. PHYS.		MED. DIRECTOR	STAFF PHYS.	2/	7/1060
	22c. PHYSICIAN'S	20.00	0.00		22d. ADD					111706
	NAME (Type)	Dr. Tho	mod	Michael	177	7 .				
	1						ick, M			
23	REMOXAL (Specify)	- 1- 1 1		23c. NAME OF CEMETER	OR CREMATOR		23d. LOC/	ATION (City, to	wn or county)	(Stete)
	BUDYAL (Specify)	2/3/196	2	Lutheran	Cemeter	V	Mid	dletow	n. Md	
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		W			GISTRAR'S SIGNA	TURE
	Gladhill	~	Mia	27 of ores 252		DATE		00		
	arganit'i	ompaary,	MITG	dletown, Md	•	DATE	FEB 5	62 (Durling & Th	LAUA



within 24 hours after	Page and 2 should
that the death certificate be executed in. The attending physician and completely	iit. Then please remove carbon papers emoval, and in any event, within 72 h
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{\pi} \leq \text{death}\$. Page 4 they be retained by the hospital or attending physician. \[\frac{\pi}{\pi} \geq \text{TO FUNERAL} \] \[\frac{\pi}{\pi} \text{CTOR}\$: After this certificate has been signed by the attending physician and completely filled in by the funeral completely filled in by t	e detached for use as the burial-transit perm pt. of Health prior to burial, cremation, or r
TO HOSPITAL OR ATTI	director, page 3 mould be
	1 ()

MEDICAL CERTIFICATION

DIVISION	OF STATISTIC	MARY AL RESEA	LAND STATE D	S, 301 W. PRES	TON STREE		RE 1, MARY	LAND
	1880		CERTIFICA	TE OF DEA	THE		013	859
PLACE OF DEATH •. COUNTY Fre	derick		MARYLAND	a. STATE_	yland	b. COUNT		e before edmission)
b. CITY OR TOWN (i	give neerest town)	mits,	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside cor	porete limits, write l	RURAL end give n	eerest town)
ral- Smi	AL OR INSTITUTION	l (if not in hose	14 years	d. STREET ADD		thsburg		. IS RESIDENCE
					te # 1			ON A FARM? YES NOXX
NAME OF DECEASED	Fi	rst	Middle	Lest	4. DATE OF	Month	Dey	Yeer
(Type or print)		RY		GARNAND	DEATI	rebrua		1962
female	white	7. MARRIED	141	Dec.4,187	7	9. AGE (In yeers I lest birthdey) 84 yrs.	Months Deys	Hours Min.
o. USUAL OCCUPATION of during most of world tred ho	ON (Give kind of we rking life, even if ret	ired)	nd of Business or Industry Mn home		County & State, o		U.S.A	F WHAT COUNTRY?
FATHER'S NAME				14. MOTHER'S MA		1100	M. C.	•
Tilghm	an F. Gr	ossni	ckle	Salome	Grossr	ickle		
. WAS DECEASED EVE es, no, or unkown) (If	R IN U.S. ARMED FO yes give were rdetes of	ORCES? 16. Sofservice)	SOCIAL SECURITY NO. 17.			Address Smithsbu	~ /	
PART I, DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (DUE T , which ete ceuse	Pulpar	discological Co	ry E of	Coron	Jack Star Grange		ERVAL BETWEEN SET AND DEATH CONTROL OF MANY
PART II. OTHER		DITIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE T	ERMINAL DISEASE	CONCITION GIVE		PERFORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEAT	H	CRIBE HOW INJURY OCCURE	ED. (Enter neture of inju	ry in Part I or Part	ll of item 18.)		
20c. TIME OF INJUI Hour e.m. p.m.	RY Month, Day, 19	Yeer 20d. II While et work	Not While fa	LACE OF INJURY (Home actory, street, office bldg		ry or town)	(County)	(Stete)
21. I certify the saw the decease	77	pital) attend	led the deceased from	death occured				nat (1) (we) last te stated above.
22e. SIGNATURE	GK	ole	10.	M.D. ATTENDING	MED. DIRECTOR [STAFF PHYS.	tel	22b. DATE SIGNED 27/9/2
22c. PHYSICIAN'S NAME (Type)	G. A.	Kohle	r	22d. ADDRESS	ithsbur	g. Md.		
e. BURIAL, CREMATIC REMOVAL (Specify) Buria	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY		23d. LOC	ATION (City, town		(State)
FUNERAL DIRECTOR	S SIGNATURE PAUL F	BILLI	ADDRESS	25a.	REC'D BY REGIS	STRAR 25b. REGI	STRAR'S SIGNAT	URE

1 2 3 3 ... Moltaberia - " Maryland Frederich s.odell#1=8 -Jerni 14 years - Arral Smithsburg - 2 Control 1 MARY STEAM CARDINALLY 26 CE female twhite X Dec.4.1877 retired housekeeper own home Frederick Co. vd. U.S.K. Tilghman F. Grosenickle - - Salone drosenickle pone Are. Orace .ey, Emitheburg, Ms. Ro. d l - contrar of the contract of and in the last to the la was the Special to the majorine of the self of the desired as a superior of the superior of the superior Theodox 12 the first for the second A CAR DESCRIPTION OF THE PROPERTY OF THE PROPE go. K. Kohlor . W .grmdadilme Brysei yar. 2, 199 United Brethern Myersville, Fred. Co. M. send a figura experiste, a fine

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Post of	881	CERTIFICATE OF	DEATH

Reg. Dist. No. 1860

								11.0 81 011		
1. PLACE OF DEATH o. COUNTY	Frederic	k	MARYLAN		usual RESIDENCE (Wo. STATE		d lived. If institu b. COUN		roll	dmission)
b. CITY OR TOWN (RURAL and give n	If outside carporate limi	ts, write	c. LENGTH OF STAY IN	Ь	c. CITY OR TOWN (IF	autside carpo	rate limits, write			tawn)
Frederi	ck				Mt. Air	y		06×	1-2	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	TO THE			e. IS	RESIDENCE
	Memorial	Hos	spital		824 S. Ma	ain St	reet			S NO
3. NAME OF DECEASED (Type or print)	EDTTH	nf .	Middle A •	(srimes	4. DATE OF DEATH	Febru	onth Aru	Day 3	Year 19 6 2
5. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED		ATE OF BIRTH		9. AGE (In year	IF UNDER	TYEAR IF L	JNDER 24 HRS.
Female	White	WIDOW	DIVORCED	0		1896	65 yr		Days Ho	ours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of wark king lile, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	e ar foreign c	ountry)	12. CIT	IZEN OF W	HAT COUNTRY?
Housew	ife				Maryla	and			U. S	. A.
13. FATHER'S NAME		- POT		1	4. MOTHER'S MAIDEN	NAME				
Albert	Harrison				Laur	ra No	rwood			
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	RMANT		Ac	ldress		
no.				ír.	Donald F.	. Grin	nes, Sa	me as	# 2	
	mmediate (Acute P Arteriose	cle	non ary	lears		250	5	years
lying couse last.	(c)	Diabet		Mellit				11/10	ny years
ICATIO		DITIONS	CONTRIBUTING TO DEATH	BUINO	T RELATED TO THE TERM	WINAL DISEAS	E CONDITION G	IVEN IN PAR	PE	RAS AUTOPSY ERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (I	inter nature of injury in	Part I ar Por	t II of item 18.)			
Y 20c. TIME OF INJUI Have a. jr. p. m.	RY Manth, Day, Yea	While	NJURY OCCURRED 20e k at wark	PLACE factory	OF INJURY (Home, far r, street, affice bldg., et	m, 20f. (City	or fown)	(0	County)	(Stote)
21. I certify the alive on	nat I attended the	3, 126	ed fram & F6 22, and that de		Maria	M, fran		and on th		the deceased tated above. DATE SIGNED
PHYSICIAN'S NAME (Type)	W.B.		Ilwell.		MI	+ Air	y Me	1		
220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETER			22d. LOCAT	TION (City, town	or county)		(State)
Burial	Feb. 6, 1	962	Mt. Olive	Ce Ce	1.0			io. N		and
23. FUNERAL DIRECTOR			ADDRESS		24o. REC	D BY REGIST		SISTRAR'S SIC	SNATUŘE	
C. M. Wa	iltz, Wir	lile.	ld, Maryla	and	DATE	FEB 7	62	arthur	9 Hears	, A , Three

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			SERVE PRODUCT
Bleeville St. Villa A. J. Mar.		200 mail	SAME SHALL SHALL SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIREC

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be relaceded for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shifte State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59 04000

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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0	-	V		

01882	CERTIFICA	TE OF DEATH		01001
1. PLACE OF DEATH a. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	there deceased lived. If institute b. COUNTY	ion: Residence before admission) FREDERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK	C. LENGTH OF STAY IN 16	1	OSBORO	RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL		d. STREET ADDRESS	_	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) EDGAR First ALL	G-ERNON	HAHN	4. DATE Mo OF DEATH FEB	Day Yeor
S. SEX 6. COLOR OR RACE 7. MAR WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH MAR 30 - 18	9. AGE (In years lost birthday) 73 yrs	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	ROADS COMM		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME ELISHA HA	114/	14. MOTHER'S MAIDEN	NAME	
		NFORMANT HOLE		dress MA
18. CAUSE OF DEATH [Enter only one couse per]	14-10-4473 CH	TAKLES 1777	N WOOD	SBORO MD
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which	Nan	Je L	irmfo	onsst and beath
gove rise to immediate couse (a), stating the <u>under-lying</u> cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	ainal disease condition g	IVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 1B.)	
Hour a.m. While	t.	LACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State
21. I certify that (I) (this hospital) atten				nd an the date stated above
22c. PHYSICAN'S	ssen	ATTENDING _ /	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNE
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) BURIAL FEB 10-1960		OR CREMATORY LL CEM.	23d. LOCATION (City, town,	O R.D. MD
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC		GISTRAR'S SIGNATURE

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by the funeral

The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01883 CERTIFICATE OF DEATH 01862

PLACE OF DEAT	н		2. USUAL RESIDE	NCE (Where decaesed live		asidance belore admission
e. COUNTY Free	derick	MARYLAND	a. STATE Mary	land b.	Free Free	derick
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits	write RURAL end	giva naarest town)
Write RURAL and	d giva naerest town), -Rural RD#7	Life	X Fred	derick-Rural	RD#7	
		t In hospital, give street address)	d. STREET ADDRES		ו יווענונ	e. IS RESIDENCE
		ill liospilat, give silver address;				ON A FARM?
Tellow Spi				low Springs		YES NO K
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Dey Yeer
(ypa or print)	WARREN	SUMMNER	HARLEY	DEATH	February	25, 19 62
X	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In		
Male	WD L -		16 Oct 1893	last birth	yrs. Months D	Days Hours Min.
JSUAL OCCUPAT	TION (Giva kind of work	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign co		ZEN OF WHAT COUNTRY
during most of we	orking life, aven if retired)	Construction	Yellow Spi	rings Md.	11:	SA
arpenter FATHER'S NAME			14. MOTHER'S MAIDE		0.	
	and an Ward ar-					
	arion Harley			izabeth Fex		
	/ER IN U.S. ARMED FORCES	ca)			ddress	// >
No		214-10-3098 Mrs	. Mary C. I	tarley (San	e as ite	m #1)
18. CAUSE OF	DEATH [Enter only one cau	sa par line for (e), (b), and (c).]				INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cere hard	Thron	braca		2000
44	DUE TO				4	
Can Alliana 16 an		Artiroder		generale	0	Mario
Conditions, if an	fiata causa	Trucker.	ace,	0	fra	1
(e), stating tha	undarlying DUE TO	6/10/17				
cause last.) (c)	The COLL.				
PART II. OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TER/	WINAL DISEASE CONDITIO	N GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
						YES NO
		DESCRIBE HOW INJURY OCCURED.	(Entar nature of injury	in Part I or Part II of item 18	.)	
(IF EITHER, NOTIFY	G CAUSE OF DEATH Y MEDICAL EXAMINER)					
20c. TIME OF INJ	URY Month, Day, Year	20d. INJURY OCCURRED 20a. PLAC	E OF INJURY (Homa, fo	arm, 20f. (City or town)	(Coun	nty) (State)
Hour e.m.		Willia Titol Willia	ry, straet, offica bldg., a	atc.)		
p.m.	19	at work at work	21.	100		/ 5
21. I certify	that (I) (this hospital)	attended the deceased from				k.R. that (I) (🖦) la
saw the decea	sed alive on	19.6 2, and that	death occured at:	5. M, from the car	uses and on th	
220. SIGNATURE	non.		ATTENDING_	MED. STAFF		22b. DATE
41	Course	M.I	DIENE	DIRECTOR PHYS.	□ 26	Feb 1962 SIGNI
22c. PHYSUZIAN'S	5		22d. ADDRESS			
NAME (Type	J. R. Poire	r, M. D.	Frederic	k Medical Cer	iter	
BURIAL CREMAT	TION, 236. DATE THEREOI	F 23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (C	ty, town or county	(Stata)
Burial (Specify	2-28-62	Resthaven Memo		ns Rural-Fre	derick.	Md.
	W.	and A bonne of L		REC'D BY REGISTRAR 25		
M. R. Et	chison & Son.	Frederick, Maryla	nd		D, REGISTRAR 3 3	NO HATOKE
	,	7,3	DATE	EB 2 7 '62	arthur & fr	Traus

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL CACTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours a TO HOSPITAL O

WE A death. Page 4 m.

12 director, page 6 m.

14 director, page 6 m.

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M. H. Beetlann & Cla, Weeled ton, De Cland

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the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 heav be retained by the hospital or attending physician.

O FUNERAL CCTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at

TO HOSPITAL death. Page 47 TO FUNERAL

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01863

UUU	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
Was a day of all	extand . STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF	
write RURAL and give nearest town) Brunswick Tife	35 Brunswick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street as	ddress) d. STREET ADDRESS e. IS RESIDENCE
Residence	Souder Road YES NO
3. NAME OF First Middle DECEASED	e Lest 4. DATE Month Dey Yeer
(Type or print) ANNE MULLICAN	MARSH DEATH February 18 1962
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MAR	RIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	August 25,1931 30 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Neusewife	Brunswick-FredMd USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin James Mullican	Mary Elizabeth Darr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	Mary Elizabeth Darr YNO. 17. INFORMANT Address
(Yes, no, or unkown) (Hyesgive werordates of service)	Mr. Benjamin L. HarshBrunswick, Md
18. CAUSE OF DEATH [Enter only one care per line for (e), (b), and	
PART I, DEATH WAS CAUSED BY:	ONSE AND DEATH
IMMEDIATE CAUSE (0)	smann - 1 and - it to Pluss
DUE TO —	^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Conditions, if eny, which (b)	mes (Sumos 301)
(a), stating the underlying DUE TO	a V
cause last. (c)	Lachron.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
F	YES NO P
	RY OCCURED. (Enter nature of injury in Pert t or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	D 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
P.101.	
	ased from 1967, to 1967, that (I) (wo) las
saw the deceard alive on	and that death occured at
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNEE
1 Dans	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dr. C.E. Pruitt	Brunswick Maryland
23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify)	F CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Reb 21.1962 St.	Paul Point of Rocks, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Telle Funeral Home Brunswig	ek, Marylanddare 23 02 arthur S. Kraus
70	

said the town than the his decrees to consider I and the second has the fit trent of the 2 state and were the past

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01864

b. CITY OR TOWN (if outside corporete limits,		TATOLT A.	land °	. COUNTY Fred	erick
write KUKAL and give negrest town)	c. LENGTH OF STAY IN 1b		(If outside corporete limi	ts, write RURAL end gi	ve neerest town)
write RURAL and give neerest town) Frederick	Several Yrs.	// Fred	erick		
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
31 East Fourth Street		31 E	ast Fourth	Street	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month D	ey Yeer
(Type or print) DAVID	0. JO	HNSON	DEATH	February	5, 19 62
5. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (I	yeers IF UNDER 1 YE	
36-7- 30-64-		4 May 1882	79	yrs. Months Day	s Hours Min.
10a. USUAL OCCUPATION (Give kind of work	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	nty & State, or foreign o	ountry) 12. CITIZE	OF WHAT COUNTRY
Carpenter (Retired)	Construction	Maryla	nd	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Eugene Augustus Johns	on	Catherine	Shuffer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
(Yes, no, or unkown) (If yes give wer or dates of service	217-12-1689A Mrs	. Raymond B	. Poole, Po	olesville,	Md.
18. CAUSE OF DEATH [Enter only one cause					INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Baturase	larote le	A dise	-0.4	ONSET AND DEATH
IMMEDIATE CAUSE (e)	oo we have		2404		1 8
O DUE TO				Carlot Sept.	
Conditions, if eny, which (b)				1	
(e), steting the underlying DUE TO					
ceuse lest. (c)	CONTRIBUTING TO BEATH BUT NO	P DEL A VED VO VIJE VEDIA	INAL DISEASE CONDITI	ON CIVEN IN DART 10	NAC ALITOREY
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART IL	PERFORMED?
CAT					YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In	Pert I or Pert II of item	18.)	
20c. TIME OF INJURY Month, Day, Yeer Hour e.m.		CE OF INJURY (Home, fer ory, street, office bldg., et) (County) (Stete)
21. I certify that (I) (this hospital)	attended the deceased from	00	1961, to no	- 10 1961	, that (I) (we) las
saw the deceased alive on	From 16 6 / and that	death occured 8:			
22e. SIGNATURE		death occured al	e		22b. DATE
R A DOS	ant M.	ATTENDING PHYS.	MED. STAF	· 🗇 6	Feb 1962
22c. PHYSICIAN'S	larry m.	22d. ADDRESS			
NAME (Type) Rex R. Marti	in, M. D.	220 N. Ma	rket St., F	rederick,	Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town or county)	(Stete)
	Mount_Olivet		Frederic	k, Marylan	2
Furial (Specify) 2-8-62	Mount Office				
24 FUNERAL DIRECTORS ACHAINS	rederick Marylan	25e. RI	C'D BY REGISTRAR 2		

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No 10 727 - To Table 1300 Ask H. Martin, E. H. 220 H. Harket Et., Frederick, 184.

Select , introduct Constant Translater, Maryland

II. L. LECCHICO TO DOG, Trederick, Marriage

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND 1886 CERTIFICATE OF DEATH

b. CITY OR TOWN (if outside corporate limits, write RURAL and give necess town) 4 yrs d. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lied list highest) 86 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Siele, or foreign country) 12. CITIZEN Housewife 13. FATHER'S NAME George H. Mayer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give were ordeless of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY, AUGUST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY, AUGUST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY, AUGUST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY, AUGUST 18. DEATH WAS	ence before edmission)
d. NAME OF DECERSED (Type or print) Anna Elizabeth Jones 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED April-15-1875 White WIDOWED DIVORCED April-15-1875 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife 13. FATHER'S NAME George H. Mayer 15. WAS DECEASE DEVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH For only one couse pag line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying couse leaf. DUE TO CONDITION (Give kind of work done during most of working life, even if refired) NO 18. CAUSE OF DEATH [Enter only one couse pag line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Immediate cause (a), stelling the underlying couse leaf. OULT OF COULT OF COULT OF SUltrate OULT OF SULTABLE OULT OF SULTRATE OULT OF SULTABLE OULT O	derick
d. NAME OF HOSTAL OR INSTITUTION (if not in hospite), give street eddress) 3. NAME OF DECEASED (Type or print) Anna Elizabeth Jones 5. SEX 6. COLOR OR RACE (7. MARRIED NEVER MARRIED S. DATE OF BIRTH Seb 6 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) Housewife 11. Mayer 12. CITIZEN Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive werordeles of service) NO 18. CAUSE OF DEATH (Enter only one ceuse pactine for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO GULLIUM: OTHER'S MAIDEN WAS CAUSED BY. IMMEDIATE CAUSE (b), end (c).]	e nearest town;
3. NAME OF DECEASED (Type or print) Anna Elizabeth Jones 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers lif UNDER 1 YEA Months) Deys 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN HOUSEWIFE 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) ((Ifyesgivewerordeless of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse see line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse see line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse see line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSED BY: 18. CAUSED	
DECEASED (Type or print) Anna Elizabeth Jones 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH Female White Widowed M. DIVORCED April-15-1875 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) Housewife 12. CITIZEN Minnesota U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Schneider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyesgive wer or deles of service) NO Miss Hilda Jones, Buckeystown, Md 18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (e), steling the underlying couse lest. OF DEATH Feb 6 8. DATE OF BIRTH 9. AGE (In yeers lif UNDER 1 YEA Months Deys 86 yrs. 91. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN Months Deys Minnesota U.S. Miss Hilda Jones, Buckeystown, Md 18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: (b) Orline - Sellration Conditions, if eny, which geve rise to immediate cause (e), steling the underlying couse lest. OUTHOR OF DEATH (Enter only one couse par line for (e), (b), end (c).] DUE TO (c) Gull Orline - Sellration OUTHOR OF BIRTH 10 AGE (In yeers IF UNDER 1 YEA Months Deys Months D	ON A FARM?
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers last birthdey) Months Deys 86 yrs. Months Deys 86 yrs. Months Deys 86 yrs. Months Deys 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN Minnesota U.S.	y Yeer
Female White WIDOWED NORCED DIVORCED April-15-1875 86 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) Housewife 14. MOTHER'S MAIDEN NAME George H.Mayer Lena Schneider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yesgive werordetes of service) No Miss Hilda Jones, Buckeystown, Md 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO GUIL OUT	19 62
Housewife Minnesota 13. FATHER'S NAME George H.Mayer 14. MOTHER'S MAIDEN NAME Lena Schneider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ilysesjivewerordeles ofservice) No No 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (e), steling the underlying ceuse lest. Column Col	
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13. FATHER'S NAME George H.Mayer Lena Schneider 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were ordeles of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Hilda Jones, Buckeystown, Md 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate ceuse (e), steling the underlying ceuse lest. (b) Outline - Schneider Address Miss Hilda Jones, Buckeystown, Md Conditions, if eny, which geve rise to immediate ceuse (e), steling the underlying ceuse lest.	
George H.Mayer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hypesgive were ordeles of service) NO 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (e), steling the underlying ceuse lest. (c) COUNTY OF THE MAY CAUSE (a) DUE TO GOULD OF THE CAUSE (a) DUE TO (c) COUNTY OF THE CAUSE (a) DUE TO (c)	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hysesjive were ordeles of service) No No Miss Hilda Jones, Buckeystown, Md 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate ceuse (e), stelling the underlying ceuse lest. Column Cause (c) Column Cause (c) DUE TO Column Cause (c) Cause (c)	
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18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Conditions, if eny, which geve rise to immediate cause (c), stating the underlying cause lest.	
Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest. Conditions, if eny, which geve rise to immediate cause (c), stelling the underlying cause lest. Conditions, if eny, which geve rise to immediate cause (c) Conditions the underlying cause lest. Conditions, if eny, which geve rise to immediate cause (c) Conditions the underlying cause lest.	INTERVAL BETWEEN
Conditions, if eny, which gave rise to immediate cause (e), steling the underlying cause lest. Conditions, if eny, which are cause (b) Conditions Conditi	2 LND DEATH
Conditions, if eny, which gover rise to immediate couse (e), steting the underlying couse lest. (b) Orthres-Schrake Cordes-Voscular des couse lest. (c) Genil. Orthres-Schrakes	-100
geve rise to immediate ceuse (e), steting the underlying DUE TO Genil. Orllria - Salerasis (c)	10het
couse lest. (c) Gent. Orlered - Steroses /	10 grs 1
	10cm+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY
E I I I I I I I I I I I I I I I I I I I	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	THE THE T
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County)	(State)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While et work 19 et	
	,
21. I certify that (I) (this hospital) attended the deceased from NOU	
saw the deceased alive on to the learning that death occurred at	
220. SIGNATURE ATTENDING M.D. STAFF PHYS. PHYS. DIRECTOR PHYS. 7	Feligible Signer
22c. PHYSICIAN'S NAME (Type) CHARLES H. CONLEY, JR 22d. ADDRESS Frederick, M.	d.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2/9/62 Monocacy Beallsville, Md	(Stelle)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Barnesville DATE ER 13 62 Criting S. Phr.	



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Buckeystown

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Arma Elizabeth Jones S. How

.8.15 0-9011

George H. Mayor ... Lens chneider

Miss Wilde donce, Suckeystown, Nd.

THE RESERVE OF THE PARTY OF

Turnia b 2/9/62 Honocary be, eitivalised

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If institution: Rasidence before edmission) a. COUNTY b. COUNTY a. STATE 24 hours Frederick the MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Frederick Years Frederick within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital West completely papers. 3. NAME OF Middle Last DATE 72 DECEASED OF (Type or print) DEATH Anna LAR Kefauver B. DATE OF BIRTH carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) pue DIVORCED WIDOWED VIS. July 19 event. Female certificate 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if ratired) Homemaker None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 2 attending | Then please George Delauder Fannie Herbert and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrage oval, (Yas, no, or unkown) | (If yes giva war or datas of sarvica) physician. No None requires that permit. 1B. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). been signed by I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit affending Conditions, if any, which gave rise to immadiate cause DUE TO (a), steting the underlying certificate has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DATH BUT NOT RELATED TO THE TERMINAL DISEASE CERTIFICATION hospital as 0 use 0 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING P for OR CONTRIBUTING CAUSE OF DEATH After this catached for the MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, straet, offica bldg., atc.) While Not Whila Hour e.m. at work at work del 21. I certify that (I) (this hospital) attended the deceased from ECTO saw the deceased alive on Fel 22e. SLONA UR ATTENDING STAFF DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4th. O FUNERAL. M.D. filed with the 22d. ADDRESS PHYSICIAN'S 22c. NAME (Typa) Henry V. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) O in a Frederick. Mt. Olivet Cemetery Ruria ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

15M 9/60

a. IS RESIDENCE ON A FARM? 7th Street YES NO K Day Yaar 19 February AGE (In years | IF UNDER 1 YEAR' IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Frederick County. Maryland U.S.A. Mrs. Alice Huffer 1507 W. 7th St. Frederick, I ONSET AND DEATH WAS AUTOPSY PERFORMED? NO X (County) (State) 19.60 that (1) (we) last 1962, and that death occured at 11.2.M, from the causes and on the date stated above. 22b. DATE SIGNED Church Street Frederick. 23d. LOCATION (City, town or county) (Stata) Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FER OnThur & Kener Frederick, Maryland

Frederick

18800 Molyapher 1 erre! noimba. A507 Josh 7th Street Los Calauver February 2, annu Ferala Dite I July 19, 1880 81 Hone Hederick County, Maryland C.S.A. Homemalor Paritte Herbert George Delander ten. Aldos Buffer 1507 W. Ven St. Frederick, Mi. I supported the lower Limbert Deller Samuely it between whome S961-8-S Rr. Henry V. Chame M.D. h seet Cauren Street Frederick, 16. Burtill (Series) Justines Several Series Lines

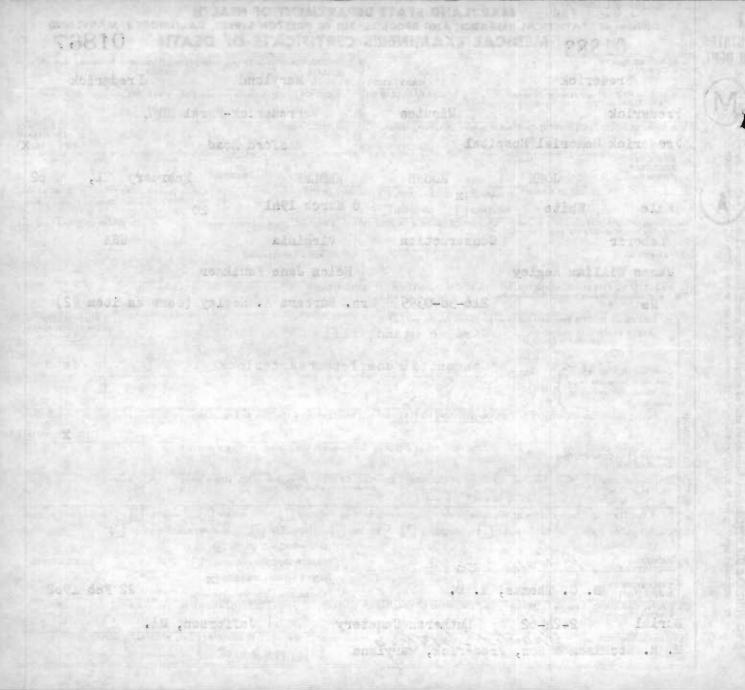
Actor 1. sile; and son Protocio; Maryland Park and America

FOR STATE HEALTH DEPT.

A Selling necessary, ctor. Page TO DEPUTY INTEGRAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed executed executed within 24 hours after death. If any delay please executed ex lours after death. VS. A15ME 5M 7/59

Lte	3-19-62 ams	MARYI	AND STATE DE	PARTMENT OF	HEALTH	
	Division of STATISTI	CAL RESEARC	H AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
	01888	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	01867

1. PLACE OF DEATH o. COUNTY Frederic	k	MARYL	a STATE	RESIDENCE (Where dece	b. COUNTY		
b. CITY OR TOWN (if outside write RURAL end give nee Frederick	corporate limits,	c. LENGTH OF STAY	IN 1b c. CITY OI	R TOWN (If outside corpore Frederick-Ru		RURAL end give n	
d. Name of Hospital or in Frederick Memor			d. STREET				e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	JOHN	Middle ROGER	Lest KEGLE	Y DATE OF DEATH	Month Februa	ary 21.	Yeer 19 62
	9 1	ARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRT	7.01.7	AGE (In yeers II		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give done during most of working life,	even if retired)	Construction	Virg	ACE (State or foreign count	ry)	USA	WHAT COUNTRY
13. FATHER'S NAME James William	Kegley			Jane Faulkne	r		
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (If yes give w	ARMED FORCES? varordates of service)	16. SOCIAL SECURITY NO. 216-38-0395		ara A. Kegle	Address y (Same	as item	#2)
18. CAUSE OF DEATH [E PART I. DEATH WAS C. IMMEDIAT		per line for (a), (b), end (c).] Cardiac Star			A	ON	ERVAL BETWEEN SET AND DEATH Minutes
Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest.	DUE TO (b) DUE TO	Congenital	complete he	eart block			Years
	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN		P. WAS AUTOPSY PERFORMED?
		ESCRIBE HOW INJURY OCCU	JRED. (Enter nature of In	jury In Parl I or Part II of ite	em 18.)		
20c. TIME OF INJURY Mo	,	20d. INJURY OCCURRED 20 While Not While t work et work	Oe. PLACE OF INJURY (I fectory, street, office		r town)	(County)	(Stele)
21. I certify that I too death resulted from:	k charge of the Natural causes	remains described about , Accident ,	Suicide, He		, Inquiry		in my opinion
ACTUAL SIGNATURE	Orko	There	M.D. ASSIST	TANT MEDICAL EXAMINER		D	ATE SIGNED
EXAMINER'S B. O.	. Thomas,	M. D.		Y MEDICAL EXAMINER ss (Street, city, town, or co		22 Feb	1962
	DATE THEREOF	22c. NAME OF CEMET		Jeffer	son, Md		(State)
23. FUNERAL DIRECTOR M. R. Etchison	& Son, F	rederick, May	Rand	246. REC'D BY REGISTRA DATFEB 2 6 '62		TRAR'S SIGNATU	



MARYLAND ST	ATE DEPARTM	ENT OF HEALTH	-BALTI	MORE, 18			
01889	CERTIFICA	ATE OF DEATH		Re	g. Dist. No.	018	68
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who	-		esidence befor		an) ,
b. CITY OR TOWN (If autside carporate limits, write c. RURAL and give negrest tawn) Frederick	LENGTH OF STAY IN 16 3 weeks	c. CITY OR TOWN (If or	utside corporate		L and give nea	irest tawn)	
d. NAME OF HOSPITAL (If not in hospital, give street addron institution Monocacy Village Nursing		d. STREET ADDRESS				e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print) Agnes Cather	ine Keyse	Last	4. DATE OF DEATH	Feb. 8	, 1962	3 Y	ear 9
s. sex 6. COLOR OR RACE 7. MARRIED. female White widowed		8. DATE OF BIRTH 7-21-1907	9.		INDER 1 YEAR	Haurs Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSOWITE OWI	of Business or Indu	STRY 11. BIRTHPLACE (State of Maryland		itry)	U.S.		DUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Frederick C. Jacobs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, 90 or unknown) (If yes, give war or dates of service) 212	0	May NFORMANT r. Grafton 1	Parker.	Address Address	acky	Right	Me
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	or (a), (b), and (c).]					ERVAL BET	
Canditions, if any, which	insura of	the Bladd	Cu		16	Pres	wehr
cause (a), stating the <u>under-</u> lying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE C	CONDITION GIVEN I	N PART 1(a) 1	9. WAS A PERFOR	RMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II	af item 1B.)			
A Haur a.m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		tawn)	(Caunty)		(State)

1960 1962, that I last saw the deceased 21. I certify that I attended the deceased fram and that death occurred a 10:30 PM, from the causes and an the date stated abave. alive an ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE

BARN

WALKERSVILLE

PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) Utica Cemetery 2-11-62

22d. LOCATION (City, tawn, ar county) nr. Lewistown Md.

(State) Fred Co.

ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Oragu Thurmont, Md. Circles S. Thousand DATE: 1 3 '62

VS A15 (4) 15M 9/SB

IS OF

	DIVISION O	OF STATISTICAL		RCH AND	RECORD		ESTON	STREE	TH T, BALTIMO	ORE 1, M	ARYL	AND 869)	
1.	PLACE OF DEATH	riek		МА	RYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE Maryland b. COUNTY Frederick								
I	b. CITY OR TOWN (if write RURAL end g rederick	outside corporele limit give nearest town)		since 1,	/22/62		c. CITY OR TOWN (If oulside corporete limits, write RURAL end give neerest town) Frederick-Rural RD#6							
		AL OR INSTITUTION (i			eddress)	d. STREET AL						e. IS RE	SIDENCE FARM?	
		demorial He	spita				ast		ck Stree			YES K	ио □	
3. NAME OF First DECEASED (Type or print) LOLA			1	EDNA	0	KING		4. DATE OF DEAT		h bruary	Dey 13	Yeer 196	2	
	sex emale	6. COLOR OR RACE White	7. MARRIEI			b. date of Birth	87		9. AGE (In yeers last birthdey) 74 yrs.		YEAR Deys	IF UNDER Hours	24 HRS. Min.	
done during most of working life, even if retired						USA		WHAT C	OUNTRY?					
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME		,				
	E. Dersey	King				Gertrud	e La	wson						
		R IN U.S. ARMED FOR yes give wer or dates of se		None		informant s. Gertru	de K	. Smi	Addres th (Same		em #	¥2)		
	Conditions, if eny, geve rise to immedie (e), steting the un ceuse lest.	te ceuse derlying DUE TO				a g h					F	SET AND D	ronth	
CERTIFICATION	20e. ACCIDENT WA					D. (Enter neture of it				VEN IN PAR	-	PERFO	RMED?	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 20d. INJURY OCCURRED fectory, street, office bldg., etc.) 20f. (City or town) (County) (Stete) 21. I certify that (I) (this hospital) attended the deceased from 12-21- 1962, to 2-13- 1962, that (I) (we) saw the deceased alive on 2-12- 1962 and that death occurred at 20A, M, from the causes and on the date stated above.								we) last						
	22c. PHYSICIAN'S NAME (Type)	Rex R. Mar	Ma	entin		22d. ADDRI	ESS D	AED. IRECTOR	St., Fre			196	DATE 2 IGNED	
236	BURIAL, CREMATIC REMOVAL (Specify)	2-15-62				OR CREMATORY Cemetery			derick,		γ)	(St	ete)	
24	M. R. Etcl	s signature for hison & Soi	n, Fre	derick,		17.		D BY REGI	'62 25b. RE	GISTRAR'S	- 11			

arthur S. Kraus

DATE FEB 1 6 '62

Section 392100 zioksehomi buniguali-Production 1210e 1/22/62 Fredding as-Part J. No. 6 Tealoge Litter School Later Later Last Patrick Street, Last, Jack e de la companya de l AEU - - Austyral and de 3(10)-35191 atama oburted d. Durery Mins Cone Mrs. Gordrune I. detal dans and Coversion of deal of forming See a market a see a see a see a see Reford Marbin, N. D. Commerce 225 M. Markett St., Frederick, M. Suffer 2-15-12 Mount Oliver Depotary 1 Frederick, Mil. M. F. Mchisch Con., Product, 114.

MARYLAND STATE DEPARTMENT OF HEALTH

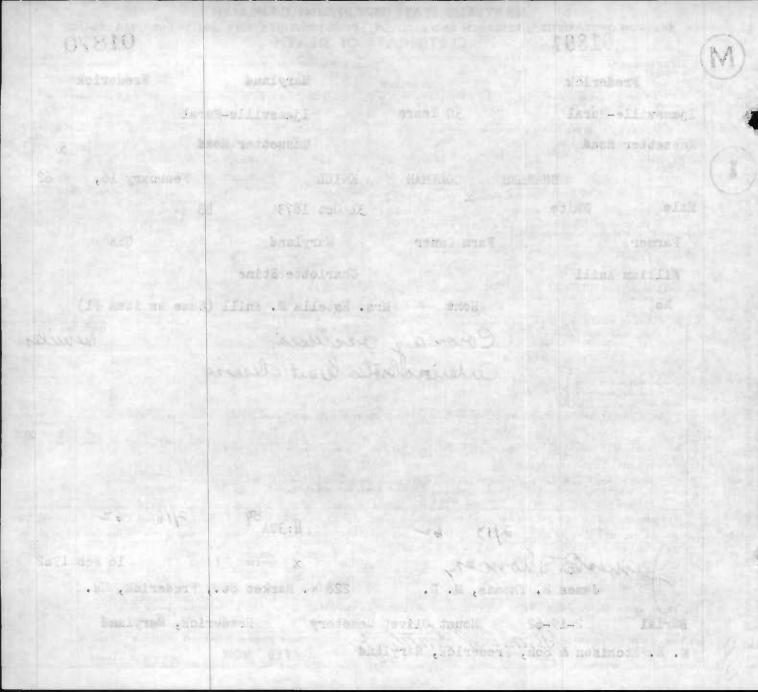
of statistical research and records, 301 w. preston street, baltimore 1, maryland 01891 CERTIFICATE OF DEATH 01870

1.	PLACE OF DEAT				2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission) a. STATE 15-0-3 b. COUNTY To a decide also								
		derick		MARYLAND	Maryland Frederick								
	b. CITY OR TOWN (write RURAL end	if outside corporata limit d give neerest town)	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpora	ata limits, writa	RURAL and gi	iva naarest te	own)			
I	jamsville	-Rural		50 Years	X Ijamsville-Rural								
			f not In hos	spital, giva street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARME								
M	ussetter 1	Road			Mussetter Road								
3.	NAME OF DECEASED	First		Middla	Last	4. DATE	Month	C	ay Y	ar			
	(Typa or print)	CHAR		COLEMAN	KNILL	DEATH	Febr	uary 1	6, 1	62			
	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH		AGE (In years			ER 24 HRS.			
М	ale	White	WIDOWE	ED DIVORCED	31 Oct 1873		88 yrs.	Months Day	/s Hours	Min.			
		ION (Giva kind of work		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stata, or for	reign country)	12. CITIZE	OF WHAT	COUNTRY?			
ac	Farmer	orking lifa, avan if retire		arm Owner	Marylan	d		USA					
13.	FATHER'S NAME	~			14. MOTHER'S MAIDEN	INAME		1					
	William I	Knill			Charlette !	Stine							
15. (Y	WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address						
111	No III	lfyas giva war ordatas of s	sivica)	None Mr	s. Estella M	. Knill	(Same a	s item	#1)				
	18. CAUSE OF I	DEATH [Entar only ona		lina for (a), (b), and (c).]	= -				INTERVAL E				
	PART I. DEAT	H WAS CAUSED BY:	(Enterioralero	RNAPHALO:				ONSET AND	1100			
	The same	A 4		- our way	3 comme	-				ww.			
	Conditions, if any	DUE TO	-	a tain along	P P. +1	Recon	41						
	gave rise to immad	iata ceuse		the continue	uc years	resear		-					
	(a), stating the underlying DUE TO												
	causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I												
ATION	PARI II. OTHE	K SIGNIFICANT CONDI	IIONS COR	NIKIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CC	ONDITION GIVE	N IN PAKI 1(a		ORMED?			
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURE	D. (Entar natura of injury in	Part I or Part II of	f item 18.)						
AL	20c. TIME OF INJU	JRY Month, Day, Yai	r 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, far	m, : 20f. (City o	r town)	(County)	(Stata)			
MEDICAL	Hour a.m.		While at wor	a manual de little	ctory, straat, offica bldg., atc	c.)							
Z	p.m.	19				- 511	0/11	/ 9					
		,,,	-	ded the deceased from	1.2			, 196.2					
	saw the decea	sed alive on	A/1	3 1962, and tha	t death occured at	M, from I	he causes a	nd on the					
	224. SIGNATURE	and			ATTENDING	MED.	STAFF	- /		SIGNED			
	Jan	4003. JV	one	an I	A.D. PHYS.	DIRECTOR	PHYS.	16	Feb 1	962			
	NAME (Type	James B.	Thoma	s, M. D.	22d. ADDRESS 228 N. Ma:	rket St.	, Frede	rick,	Md.				
23	BURNAL, CREMAT DEMOVAL (Spacify	ION, 23b. DATE THER	EOF	23c. NAME OF CEMETERY	A LONDON TO LAND THE REAL PROPERTY.		ION (City, tow			(State)			
_		14	- 1	Mount Olivet	(1		rick, M						
	M. R. Etcl	r's signature of hison & Son	, Fre	derick, Maryis	25a. RE	B 1 9 '62		ISTRAR'S SIG					
_						18							

is by the funeral and 2 should be death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page ay be retained by the hospital or attending physician. CCIOR: After this certificate has been signed by the attending physician and completely filled Papers. director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with TO HOSPITAL C

VE ST TO FUNERAL

Graph St To Funeral



VR A1S (4 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE Maryland b. COUNTY F.	sidence before admission rederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	give nearest town)
write RURAL end give nearest town) 5 yrs.	X 9 Meadow Lane Thur	rmont, Md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) OWN HOME	d. STREET ADDRESS	ON A FARM?
3. Name of first Middle (Type or print) William Marvin Koons	OF	Day Year 19 62
male white whowed Divorced M	DATE OF BIRTH [arch 19, 1893] AGE (In years IF UNDER 1 YI	the state of the s
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Steel Worker Republic Steel		S.A.
13. FATHER'S NAME Alfred Koons	14. MOTHER'S MAIDEN NAME Lillie Smith	
(Yes and or unknown) (((fiver give were related of comics)) - 6	rs. Amy G. Koons 9 Meadow	Lane Thur
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Chronic Valoular type	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 208. ACCIDENT WAS UNDERLYING 208. ACCIDENT WAS UNDERLYING 208. ACCIDENT WAS DEATH (# EITHER, NOTIFY MEDICAL EXAMINER)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1((Enter nature of injury in Pert I or Part II of item 18.)	YES NO
	CE OF INJURY (Home, farm, † 20f. (City or town) (County	y) (State)
	pry, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Tell 16 1962, and that	death occured at 7.M, from the causes and on the	
220. SIGNATURE James James M.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNEE
James K. Gray	22d. ADDRESS Thurmont, Maryland	
23s. BURIAL, CREMATION, 23b. DATE THEREOF HAUGH'S CON HAUGH'S CON		Co. MD'
24 JUNERAL DIRECTOR'S HIGHATURE ADDRESS Thurmon	t, Md. DATE WAR 2'62	

A CALL LINGUISH TO BOILD a process of the first woods .E was .ask Management of Administration of the Control of the ALL ON STANKE THE SAME AND THE SAME OF THE AND THE PARTY AND ACTION TO A PROPERTY OF THE PARTY OF TH The state of the s

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01893

01872

1. PLACE OF	1	- 1 - 1		MARYLA		a. STATE			d lived. If institut b. COUNTY	-			V
h CITY OF		ederick outside corporate limi	ts. write	c. LENGTH OF STAY IN	1 1h		vlar		rote limits, write 1			rest town	
	ind give ned	prest town)							1010 1111112, 111110 1	2	A 1	1	,
d NAME (Lasville AL (If not in hospital, g	ive street	225 month	1S	Balti				SV	01.	e. IS RES	IDENCE
OR INST	ITUTION											ON A	FARM?
				State Hospit	all	222 F	. Cr	oss S	t.			YES [NO 🚺
3. NAME OF DECEASED (Type or pr	rint)	Milt		Middle Elwood		Lane		4. DATE OF DEATH	Mod 2		1	,	Yeor 1962
S. SEX	М.	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MARRIED DIVORCED		2-20-00	190	0	9. AGE (In years lost birthday)	Months	R 1 YEAR Doys	IF UNDE Haurs	Min.
10a. USUAL O	CCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPLAC	E (State o	or foreign co	ountry)	12. CI	TIZEN O	WHAT	OUNTRY?
7 -		ing life, even if retired		urniture ind	hieta	374 20	rinia				U.S.		
13. FATHER'S	NAME		1 1	WILL OUT C THO	LUS V.	14. MOTHER'S M.	A			- 1	0.0		
Edina	d W.	Tano				Emma H	lo mt						
		IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17 INF	DRMANT	al'u.		Add	iress			
Yes, no, or unkno	own) (I	f yes, give war ar dates of s	ervice)				-	YT a		7 1 2			2/2
No				13-09-6802	Me	dical Fi	Les	V1	ctor Cul	leh H		ERVAL 8E	
		TH [Enter anly one co TH WAS CAUSED 8Y:	use per li	ne for (o), (b), ond (c).]						00	ON;	ET AND	DEATH
1	SKI I. DEAI	IMMEDIATE CAUSE ()	Pulmonary Tu	ber	ulosis				02	-	co mo	onths
	702	DUE TO											
	ions, if an)	12 1 1 1 1 1 1 1	100/4							100	
	ise to in	DILETO											
	ouse last.) (0	.)										0.0
Z PA	ART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO TH	HE TERMIN	VAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY ORMED?
CATION													NO 🔃
20g. ACC	RIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of i	njury in P	art I or Par	t II of item 18.)				
	OF INJURY	Manth, Doy, Ye	or 20d. I	NJURY OCCURRED 2	0e. PLAC	E OF INJURY (Ho	me, farm,	20f. (City	or town)		(County)		(Stote)
20c. TIME	ur a.m.	19	While		facta	ry, street, affice b	ldg., etc.)	Maria Id				
	p. m.			rk ot wark				<u> </u>		W 100	10	-	
21. I cei	rtify that			ded the deceased fr	ram_4=	4-60	, 12.	, .ta	2-17-	, 19_	04 H	nat (1) (we) last
		ed alive an 🔼	17-	1962 , and th	hat de	oth accurred	at 115	M, fram	the causes a	nd an th	e date		
22a. SIGN	VATURE	0/1 1.	1			ATTENDING	MF		STAFE			22	b. DATE SIGNED
0/	U	1/2m	M		M.	D. PHYS.	DIF	RECTOR (STAFF PHYS.		2-1	17-62	2
22c. PHYS	SICIAN'S	1 ()				22d. ADDRESS		V					
		Machel Za	vis			Victo	r_Cu	llen	State Ho	snita	1.1	14	
23a. BURIAL,	CREMATION	N, 23b. DATE THERE)F	23c. NAME OF CEMET	ERY OR				TION (City, town,			(Stot	te)
Buris	Specify)	2/21/6	2	Glen Ha	ven	Mem. P	k	Gle	n Burn	Le. I	Md.		
24. FUNERAL			7-11	ADDRESS		2 2	So. REC'E	BY REGIS	TRAR 2Sb. REG	ISTRAR'S S		RE	
m. 7	C	ad +	Sa.	The	- m	21.	ATE FE	B 2 3 '	62 a	Thur &	. the	44	
4		1000	00		1					- 20			

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			la financia de la composición dela composición de la composición dela composición de la composición de
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	Control District		
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	01894	CERTIFICATE C
ACE OF DEATH		2. USU

01873

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY									
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
RURAL and give nearest tawn) LEGORE LIFE	X LEGORE									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)									
3. NAME OF DECEASED (Type or print) WALTER CLAV	LEGORE 4. DATE Month Day Year DEATH 716- 2 1962									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iss birthday) Months Days Hours Min. Min									
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY?									
during most of working life, even if retired) OFFICE WORK 13. FATHER'S NAME	T MARYLAND U.S.A.									
JAMES W. LEGORE	ARXIE STILL									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address									
(19 no. or unknown) (19 yes, give war or dotes of service) 217-07-0948	IN BERTHA LEGORE, LEGORE, IND.									
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circute coronar	of thrombore Justint									
DUE TO	- I- money									
Conditions, if any, which agove rise to immediate	gove rise to immediate									
couse (a), stoting the under-										
lying cause lost. (c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY									
r	PERFORMED? YES \(\sum \ NO \(\sum \)									
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I ar Parl II of item 18.)									
	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) actary, street, affice bldg., etc.)									
21. I certify that (I) (this hospital) ottended the deceosed from.	June 1957, to Feb. 2 1962, that (1) (we) last									
	death occurred at BM, from the causes and on the date stated above.									
220. SIGNATURE G. Dettlan	M.D. PHYS. MED. STAFF 22b. DATE SIGNED PHYS. ATTENDING MED. STAFF 3/6.2									
22c. PHYSICIAN'S NAME (Type) E.A.DETTBARN	Walhersville, Mil.									
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR EREMATORY 23d. LOCATION (City, town, or caunty) (Stote)									
BURIAL 2/5/62 mt HOPE	WOODSBORO, MD.									
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
G.C. DARTON WALKERSVIL	LE, MD DATE FEB 6 '62									

moy be revained by the haspital or attending physician.

TO FUNERAL DIRE AR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stands be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VR A15 (4) 15M 9/59

10010 THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF

15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01874

	CE OF DEATH			item y riim u	a. STATE		CE (Where decease	d lived, If it	TY		
1 0		rederick		MARYLAND	40.04		Land			terle	
b. C	Write RURAL and	outside corporata limi	rts,	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside corporata l	limits, writa	RURAL and give	nearest to	wn)
	Frede	riek			35 Br	un sv	viek				
d. N	AME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET A						RESIDENCE
	Traden	ick Memor	ninl	Mospital	221	Win	ntk Aven	11.0			A FARM?
3. NA	ME OF	First	de Chala	Middle	Last	7.5 40 5	4. DATE	Month	De		
	CEASED e or print)	Willis			Loyd		OF DEATH	Feb.	16	19	62
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	1			IF UNDER 1 YEAR		R 24 HRS.
	T/I	W	WIDOWE		1/2/190	5	56 77	birthday)	Months Deys	Hours	Min.
10s. U	SUAL OCCUPATION	ON (Give kind of world		IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLA	CF (Cour	nty & Stete, or foraig		1 12. CITIZEN	OF WHAT	COUNTRY
done d	uring most of wor	king life, aven if retire	d)						-		
	Lreman		Ra	ilroad	1 00		c; Maryl	and	U.S.	.A.	
13. FA	THER'S NAME				14. MOTHER'S	MAIDEN	NAME				
Ce	lombus	Melwood	Lley	·d	Annie	Lut	ttrell				
15. WA	S DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT			Address		111	
(Yes, no		yes give war or detes of s	mg (2)	5-T0-0020 M	7 4 6	TT	yd (wif	-1 702	runswi	al- n	/ J
		EATH lEnter only one		ine for (a), (b), and (c).]	LIME U.	LIL	PAGE (MITT	e l Di		NTERVAL BI	FTWEEN
		WAS CAUSED BY			7 7 0		•			MSET AND	DEATH
		MMEDIATE CAUSE (e)	Act	te Myocardia	al inia	ret.	lon			30 m	ın.
	5)	DUE TO									
Co	nditions, if eny	which) (b)	Cor	onary Insuf	ficienc	V				6 mc	on.
	ve rise to immedie	0.110 00									
	, stating the un	derlying	** **	manante Thumbs	raomo					E 172	2.0
		(c)		MONARY EMONI	ysema	IC VCDAAL	NAL DISEASS COND	ITION COVE	CALIBLE A DT 1(-)	10 WAS	ALITOREY.
é	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	OI KELATED TO TH	HE LEKMI	NAT DISTASE COND	IIION GIVE	IN IN PAKE I(0)		ORMED?
Y S										YES	NO X
OR (IF	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of	injury in	Part I or Part II of ite	m 1B.)			
WEDICAL 20	e. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ya	er 20d. While	Not While fac	CE OF INJURY (H		m, 20f. (City or to	wn)	(County)		(Stete)
21.	I certify th	nat (I) (this hospi	tal) atten-	ded the deceased from.	March 1	8	19.58 to Fe	b. 10	5. 1962	that (I)	(we) las
				19			0 ()()		,		
	. SIGNATURE	anve org. A. N.		, and ma	dealli occure	JG 61	/11, 11 0111 1110	000000	and on me		b. DATE
	J. SIGNAL	X		20	ATTENDING			AFF YS.		2-11	SIGNE
220	. PHYSICIAN'S				22d. ADDR		_				
	NAME (Type)	C.T. Byr	on Ka	10, M.D.	Gum	Spr	ing Holl	OW,	Brunsw	ick,	Md.
	JRIAL, CREMATK	ON, 236. DATE THE		23c. NAME OF CEMETERY			23d. LOCATION				State)
Section 1	irial	2/18/62	2	Park Meichi	T. 61		Paun	ا م تعدم	Mary!	Land	
24 FUN	ERAL DIRECTOR	S SIGNATURE		ADDRESS	713	25a. RE	C'D BY REGISTRAR	25b. REG	STRAR'S SIGN	ATURE	
0	H 2600	to Bra I	Bruns	wick, Maryl:	and	DATE		-	-2 9 4		
	1. Det	rejour		· · · · · · · · · · · · · · · · · · ·		DAIL	FB 2 3 '62		51 - 2 th	as And	

DESCRIPTION OF PROPERTY OF PROPERTY OF PROPERTY OF PERSONS AND PER . Sur extension of the second rentante de la companya de la compa

for. Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed and a state of the funeral in them 18. Give Pages 1, 2, and 3 to the funeral in the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 thus after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OF ARYLAND

	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where decessed lived, if institution: o. STATE Maryland b. COUNTY b. COUNTY	Residence before edmission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL en write RURAL end give neerestrock) 3	nd give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) DOROTHEA SUE MALLORY DEATH FEB-	28, 19962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 196 (In years lest birthdey) widowed Divorced NOV 14, 196 (196 (1998) Nov 1998)	Deys Hours Min.
	done during most of working life, exen if retired) MSRYCBOO	U.S.A.
83	13. FATHER'S NAME EDWARD MALLORY HENRIETTA N	10RRIC
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMANT (Yes, np. or unknown) (Ifyosgive werordelesofservice) Address S.M.	-
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CONGESTIVE HEMT FAILURE	ONSET AND DEATH
Ğ	Conditions, if any, which DISTAL BEART DISTAGE	
Š	geve rise to immediate cause (e), steting the underlying cause lest. (c)	
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 20f. (City or town) (Co	ounty) (State)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . death resulted from . Natural causes . Accident . Suicide . Homicide . Undetermined manner	and in my opinion
	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S DAR TO THE CIPIE MAD DEPUTY MEDICAL EXAMINER TO	7-12-8-62
,	NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) 22d. TOCATION (City, town, or country)	TY) 7/1(Style)
	23. FUNDERAY DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S	
	2069194102	. Mans

THE MEDICAL SYNTEMS With the Control of Wall STANTS STANTED TO THE WORLD STANT OF THE WORLD SHOW THAT THAT I SHOW S

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERA CARECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Provided and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01897

	PLACE OF DEATH					
1	e. COUNTY _		2. USUAL RESIDEN	b (CLINITY	
	Frederick	Maryland Frederick				
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Braddock Heights	Since /67	. ,	f outside corporate limits,	write RURAL and gi	ive neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	7/20/01	d. STREET ADDRESS	erick		e. IS RESIDENC
	ndobona Convalescent & F		/	ast Second S	treet	ON A FARM
3.	NAME OF First	Middle	Lest			Dev Yeer
	DECEASED (Type or print) ALBERT	210 000	ARDELL		ebruary 2	26, 1962
	SEX 6. COLOR OR RACE 7. MAR White WIDO		DATE OF BIRTH 29 Aug 1876	last birtho	Months Dey	
13.	USUAL OCCUPATION (Give kind of work 10b ne during most of working life, even if refired) Martired—Claims AdjusterCorrather's NAME	KIND OF BUSINESS OR INDUSTR Yland Unemploym Ipensation Board	14. MOTHER'S MAIDEN	NAME	usa	N OF WHAT COUNTR
A	drian C. McCardell	58 45° 24.07	Alforetta	Stonebraker		
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? Sino, or unkown) (Ifyesgivewerordatesofservice)		M. McCardel	150 Fair L. Frederic	view Ave.	,
	IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which	rous real	Mailure Day	1		Markey 9
ERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH	ONTRIBUTING TO DEATH BUT NO				19. WAS AUTOPSY PERFORMED? YES NO
-	(a), steting the underlying DUE TO ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CO 20e. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20 Hour a.m.	DESCRIBE HOW INJURY OCCURED		Pert I or Pert II of item 1B.		PERFORMED? YES NO
MEDICAL CERTIFICATION	(a), steting the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 21. I certify that (I) (this hospital) att saw the deceased alive on	d. INJURY OCCURED d. INJURY OCCURED hile Not While fect work etwork pended the deceased from	CE OF INJURY (Home, farn pry, street, office bldg., etc.	Pert I or Pert II of item 18.	(County	PERFORMED? YES NO (State) (State) (A that (I) (we) late date stated above
-	(a), steting the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Work Control of the Control of	d. INJURY OCCURRED 200. PLA fect work et work pended the deceased from	CE OF INJURY (Home, farmory, street, office bldg., etc. death occurred at 1 ATTENDING PHYS. 22d. ADDRESS	Pert I or Pert II of item 18.	(County) (County ses and on the	PERFORMED? YES NO (State) (State) (A) that (I) (we) late a date stated above 22b. DATE Feb 1962
23a	(a), steting the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. P.m. 19 21. I certify that (I) (this hospital) att saw the deceased alive on	d. INJURY OCCURRED 200. PLA fect work et work pended the deceased from	death occured at 1. ATTENDING PHYS. 22d. ADDRESS 228 N. Ma.	20f. (City or town) 19. to	(County) (County) (County)	PERFORMED? YES NO (State) (State) (State) A date stated above 22b. DATE Feb 1962 Md. (State)

Medenhorit 30142-1-10040241

1 5 5 5 5 Solvent Time business Drad Show & Sympaniavoni English !!! None of the state 28 aver and 20 min or grown as the circ Heriros-ilais Agronberconbulgavia Costa Tredorfot, Ma. Adress C. McGerrana . ava valvata Coll -. De . Louise of . Liebenson Addition than the Comment of the last AND SECTION OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE The state of the s

Suggregation (Section 1) Character and the suggestion of the sugge

Magness of the company of the compan

VR A1S (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01898 CERTIFICATE OF DEATH

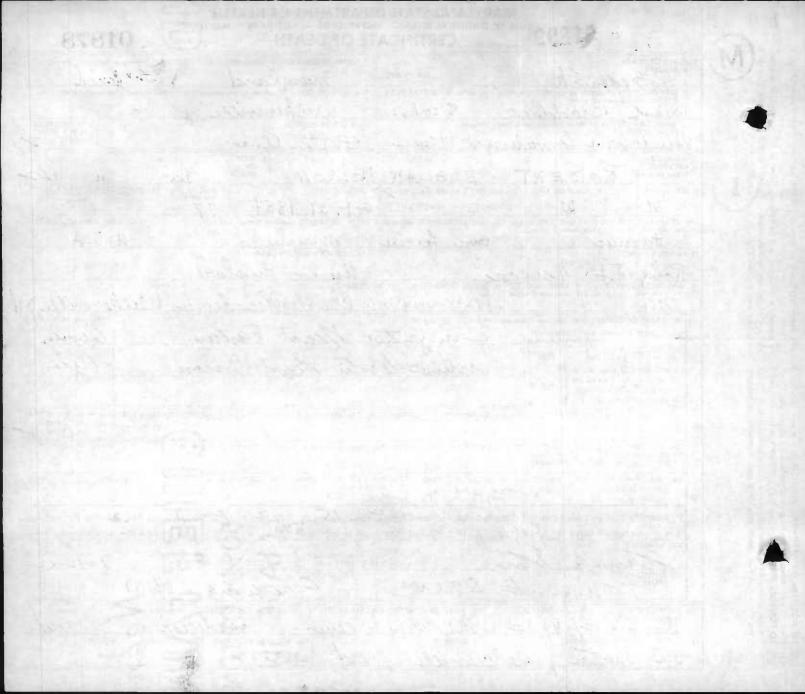
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND		E (Where deceased lived Maryland		lence befare admi Frederi	
b. CITY OR TOWN (IF	outside corporate limits, write prest town) CK	c. LENGTH OF STAY IN 16		N (If autside corporate li	mits, write RURAL on	d give nearest tav	vn)
d. NAME OF HOSPITA OR INSTITUTION Frederic	k Memorial B	oddress)	d. STREET ADDR	ESS 1		ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type ar print)	JAMES	Middle EOGAR	MILLER	4. DATE OF DEATH	Month FEBRUARY	Day 9	Year 19 6 2
s. sex male	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-19-18		GE (In years IF UND Manths	ER 1 YEAR IF UNI	-
10o. USUAL OCCUPATIO during most of worki Labores	no life, even if retired)	. KIND OF BUSINESS OR INDI General		(Stote or foreign country) [aryland]	12.0	TITIZEN OF WHAT	COUNTRY?
13. FATHER'S NAME Charles	Miller		14. MOTHER'S MAI		elly		
1S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16 f yes, give war or dates of service)		nformant cs. Mary	C. Miller	Address Thurm	ont, Md	. RD
Canditions, if an gove rise to in cause (a), stating t lying cause last.	he under-	SCONTRIBUTING TO DEATH BU			NDITION GIVEN IN P.	ART 1(o) 19. WAS	S AUTOPSY ORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injunction in ED. (Enter noture of injunction)			(Caunty)	(State)
20c. TIME OF INJURY Haur a. m. p. m.	19 Whill at we	e Nat while f	octory, street, office bld		/	(230/)	(0.0.0)
21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) P	d C. Reyn	eynolds	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. ST. Church St.	causes and an t	2	we) last dabave. 12b. DATE SIGNED
23a. BURIAL, CREMATION	2-12-62	Blue Ridge	Cemetery	Thurmo	1	Fred.	CO.
Jay vnov	LECRAS	ADDRESS Thurmont		TE 1 3 162	25b. REGISTRAR'S		

HEATO TO TRADETTING TO 2021

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 11899 CERTIFICATE OF DEATH

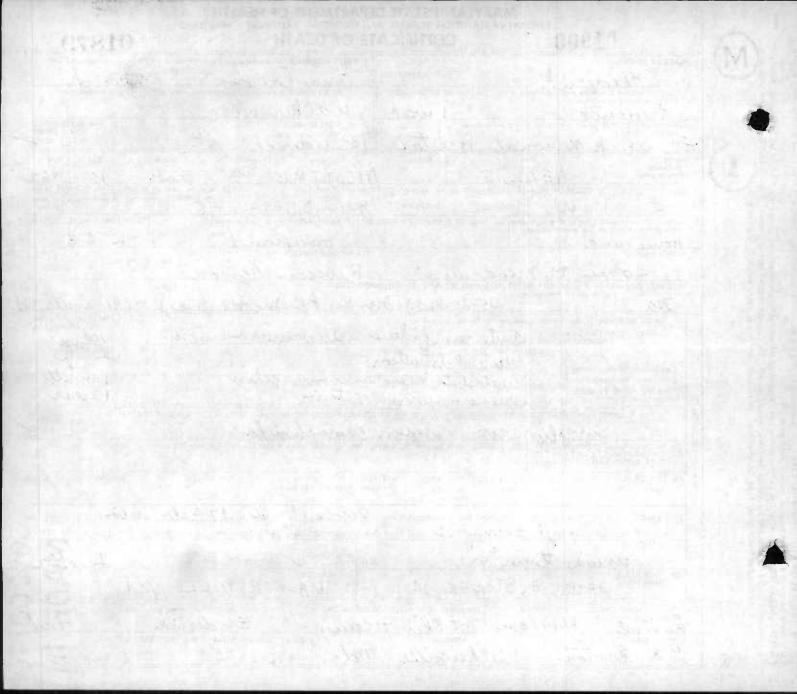
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
G. COUNTY MARYLAND	o. STATE b. COUNTY IN Sevice
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
Rural Graddock 8 wks.	X Walkerswille
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Very destroya Comor Percent Home	Julian Carlo
3. NAME OF First Middle	Last 4. DATE Month Day Yeor
(Type or print) ROBERT FUGILAR	NELSON DEATH 7/1 11 1962
TO IS A IN ENGLATIN	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	Ort 21 1884 To yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU	
during most of warking life, even if retired)	Salar O I I C A
12 EATHER DANG	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S MAJDEIN NAME
Tober F. Telson	Unne Englar
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (17. III) (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address
no 217-32-5044 m	v. Charles Modernes, Walkersville, N
1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e Meur tailure le wals.
DUE TO	- 11 + A - 1.
Conditions, if ony, which	whi flear Disease (year
gove rise to immediate cause (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
IS .	YES NO Z
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (State)
Haur a.m. P. m. While Nat while at work at work	ctory, street, office bldg., etc.)
	Jan 15 19 12 to Flb 11 1962 that (1) (we) last
21. I certify that (I) (this haspital) attended the deceased frame	death accurred at P.M. from the causes and an the date stated above.
saw the deceased alive an 1987, and that a	dearn accurred at
1 22 C ST.	M.D. ATTENDING MED. STAFF SIGNED PHYS. STAFF
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) This ESTONE	Freslering - MD
23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	D CREMATORY 224 LOCATION (City Assure or country) (CA.A.)
REMOVAL (Specify)	Las Laster h Sud
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
MA BOLT	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
J. G. Barlan Walkersyells	Mg. DATER 13 02 encion 3. Those



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01960

1. PLACE a. CO	OF DEATH	1		MARYLAND	2. USUAL RESII	DENCE (Where decease	ed lived. If institut b. COUNTY		efare admission)
b. CIT	Y OR TOWN (IF	autside carporate li	imits, write c. LEI	NGTH OF STAY IN 16	c. CITY OR 1	OWN (If autside corp	orate limits, write I	RURAL and give r	nearest lown)
RU	Dieder		7	1 week	X Wa	ekers vil	21	207	
d. NA	ME OF HOSPITA	L (If not in haspital	, give street address	5)	d. STREET A	DDRESS	11.	TASA	e. IS RESIDENCE ON A FARM?
The	deric	& Muno	real Ho	espetal	13 tre	derick	St.		YES NO
3. NAMI DECE	ASED	A1	First	Middle	A/ Las	OF	Ma	nth	Day Year
	ar print)	NE	LL =			MUS DEATH	12	LE LINDER 1 VE	1962 AR IF UNDER 24 HRS.
5. SEX	7	6. COLOR OR RAC	WIDOWED	NEVER MARRIED DIVORCED	Separate of Biril	X 1884	9. AGE (In years last birthday)	Manths Day	
10a. USU	IAL OCCUPATION	N (Give kind af war	rk dane 10b. KIND	OF BUSINESS OR INDI	JSTRY 11. BIRTHPL	ACE (State ar fareign	1.0		OF WHAT COUNTRY?
durin	ng mast af warkin	ng life, even if retir	red)		ma	surland		u.	5. A.
	ER'S NAME	AUR .	4	1 1 2 2 2	14. MOTHER'S	MAIDEN NAME			
	Joh	m D.	moder	nus	Rebe	cca Hel	son		
15. WAS (Yes, no, or	DECEASED EVER	IN U. S. ARMED For		L SECURITY NO. 17.	NFORMANT		Add	dress	
	20		215-3	10-8633 h	r. Kent	C. Micod	enus,	Walke	ravelle m
18.	PART I. DEAT	H [Enter anly ane H WAS CAUSED BY IMMEDIATE CAUSE	cause per line far ((a), (b), and (c).	e urter	urema de	acidosu		NTERVAL BETWEEN NSET AND DEATH
	15	DUE		00++				2	odala
	nditions, if an		(b) Wellera	Locamaca	۸ .	1 -			***
	ve rise to im se (a), stating th		to metas	talic adeno	carano	na, peters		1	money
	ng couse last.)	(c) adeno	accomonic	1 Neces	n	ar compliant of	MEN IN BARY 1	MAC AUTOREY
CATIO	PART II. OTHE	SW AA A DA A	A CLACADALC	IBUTING TO DEATH BU	and longer	of meder	SE CONDITION GI	VEN IN PART 1(a)	PERFORMED? YES NO
□ OR (CONTRIBUTING [UNDERLYING	ГН	HOW INJURY OCCURR	ED. (Enter nature e	f injury in Part I ar Pa	art II af item 18.)	0 888	
		MEDICAL EXAMINER	1	20- 5	LACE OF INJURY	Name & 205 (6)			(6)
WEDICAL	TIME OF INJURY Haur a.m. p.m.	Manth, Day,	While _ h	Nat while It wark	actory, street, affici	Hame, farm, 20f. (Cit bldg., etc.)	ly ar town)	(Cauni	ly) (State)
21.	certify that	(I) (this haspit	tal) attended th	ne deceased fram	Octobe	1 19 60 ta	17 Feb	1962	that (I) (we) last
saw	the decease	ed alive an 16	February	1962 and that	death accurre	d a 230 AM, from	the causes a	nd an the da	ite stated abave.
22a.	SIGNATURE	()+	- 0					1997	225 DATE SIGNED
22c	PHYSICIAN'S	MI C. BY	mr. n		M.D. PHYS.		STAFF PHYS.	-	418167
	NAME (Type)	JAMES !	E. STONE	EK, IR		ALKERS	VILLE,	Md	
	IAL, CREMATION	, 23b. DATE THEF	REOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOC/	ATION (City, town,	or county)	(State)
Be	male	2/19	162 m	it Olivet	- Cem,	1 5	rederice	e	md
24. FUNE	RAL DIRECTOR'S	SIGNATURE	111-06	ADDRESS	Lm	250. REC'D BY REGIS	100	ISTRAR'S SIGNA	,
7	e 10a	rion	walk	ersrelle,	1101.	DATE FEB 21	'62 O	withur S. Fu	saud.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MORYLAND OF TOTAL CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	a. STATE Mary	land b. COUN	Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	// Fred	(If outside corporata limits, writa erick	
d. NAME OF HOSPITAL OR INSTITUTION (if not 606 Charles Street	in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM? YES NO X	
3. NAME OF First DECEASED (Type or print) BERTHA	Middle	NUSZ.	4. DATE Month OF DEATH	- 10
5. SEX 6. COLOR OR RACE 7. M	ARRIED TO NEVER MARRIED B.	DATE OF BIRTH 3 Aug 1907	9. AGE (In years last birthdey)	
dona during most of working life, even if ratired) Examiner	Tailoring Co.	Brunswick		12. CITIZEN OF WHAT COUNTRYS
Charles W. Suter		Bertha E.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyas giva war or datas of service)		vin R. Nusz	Address Jr. (Same a	s item #1)
	extension of extension of scontributing to death but not sis, Hydro wreter, describe how injury occured.	REMITED TO THE TERM	INAL DISEASE CONDITION GIV	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	Whila Not Whila factor at work at work	E OF INJURY (Home, fer ry, street, office bldg., et	c.)	(County) (Stata)
21. I certify that (I) (this hospital) attended the deceased from TeB 6				
22c. PHYSICIAN'S NAME (Type) John H. Teske	ke M. D.	22d. ADDRESS	MED. STAFF PHYS. Director PHYS. Director PHYS. Director PHYS.	8 Feb 1962 IGNET
23e. BURIAL, CREMATION, 23b. DATE THEREOF 2-10-62	Mount Obivet C		Frederick, Ma	
24 FUNERAL DIRECTOR SEMANTINE SON,	Fredericky, Maryla	m d	C'D BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE

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Adamyos salvado atam

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Charles A. Saver

AND THE PROPERTY OF THE PARTY O

Jonn H. Terke, Mr. D. H. W. Jatrick Mr., Stellering, Mr.

San far 2 2-10-62 | School Olivet Perspect Frederick Haryland

Son Chartes Horsett

Waller to the Manney of parcollary

record and and rest

1219-20-1929 Televin M. Hour, Dr. (Same an John Al)

Dan Lyania , lo le lisea , not to monero , since la man

FOR STATE Health, Cector, Page

our files.

TO DEPUTY AFEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be its, warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Box or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01902 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0188 01882

"	a. COUNTY			11	CE (Whare decaese		Kesidenca before admission)
	Frede		MARYLAND	. STATE Mary	land	Fre	derick
	b. CITY OR TOWN (if write RURAL and Frederick	outside corporeta limits, give nearest lown)	c. LENGTH OF STAY IN 16		If outside corporate	limits, write RURAL and	d give nearest town)
6	d. NAME OF HOSPIT	AL OR INSTITUTION (if not	In hospitel, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
7	Frederick	Memorial Hos	pital	Bart	hlows		YES NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer
	(Type or print)	Delbert	Charles	Poole	OF DEATH	Feb.	28, 1962
5.	SEX	6. COLOR OR RACE 7. M		B. DATE OF BIRTH		E (In years IF UNDER 1	
	Male	man a a	DOWED DIVORCED	28 Jan 1900	62	birthdey) Months	Deys Hours Min.
	a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State	or foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
	Foreman - I	lpha Portlan	d Cement Company	Feagavill	e, Maryla	und US	SA
	. FATHER'S NAME			14. MOTHER'S MAIDEN			
.)	George W. 1	Poole		Hallie S.	Feaga		
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			Address	
1"	Yes WWI	yes give war or dates of service		. Frances E.	Poole (Same as it	em #2)
-	18. CAUSE OF DE	EATH [Enter only one coust	per line for (e), (b), and (c).]				INTERVAL BETWEEN
		WAS CAUSED BY: MMEDIATE CAUSE (a)	Acute Coronary	Artery Oc	colugion		mins.
	720	DUE TO	200000000000000000000000000000000000000	111 0013 00	CTAPION		mrno.
18	Conditions, if eny,		Arteriosclero	Ha Waamt I)i assas		7770
	gava rise to immedie	te ceusa	AL COLLOSCIETO	orc hear or	I sease_		yrs.
33	(a), sleting the un cause lest.	derlying					
NO		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
13							YES NO Y
CERTIFICATION	20a. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury In Par	t I or Part II of item	18.)	
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.			CE OF INJURY (Home, farm lory, street, office bldg., atc		wn) (Cou	nly) (Stele)
	21. I certify the	at I took charge of the	remains described above, he	eld an Autopsy .	Inspection 📑	Inquiry,	and in my opinion
	death resulted fr	om: Natural causes	Accident , Suic	ide, Homicide	Undeter	mined manner	
		1	1	CHIEF MEDICAL	EXAMINER		
	ACTUAL SIGNATURE	ober 9 7	· Oune,	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
	EXAMINER'S	20222		DEPUTY MEDICA	L EXAMINER T	Rte 6.	2.28.62
1	NAME (Type)	ROBERT J	FURIE, M. D.	Address (Streat,	city, town, or county	Frederic	ck, Md.
22	a. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF	22c. NAME OF CEMETERY OF			City, lown, or country	
1	Burial	3-3-62	Mount Ohivet	Cemetery	Frederic	k, Marylan	nd.
23	M. R. H.	Jugarh 8.	Smith Jan			24b. REGISTRAR'S SI	GNATURE
	Me Ite EUCI	irson & Son,	Frederick Maryla	DAMAR	2 '62	arthur 8 4	Traise
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20.02.02

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO M

(State)

(County)

19 that (I) (we) last

(State)

U.S.A.

YES NO T

Year

1962

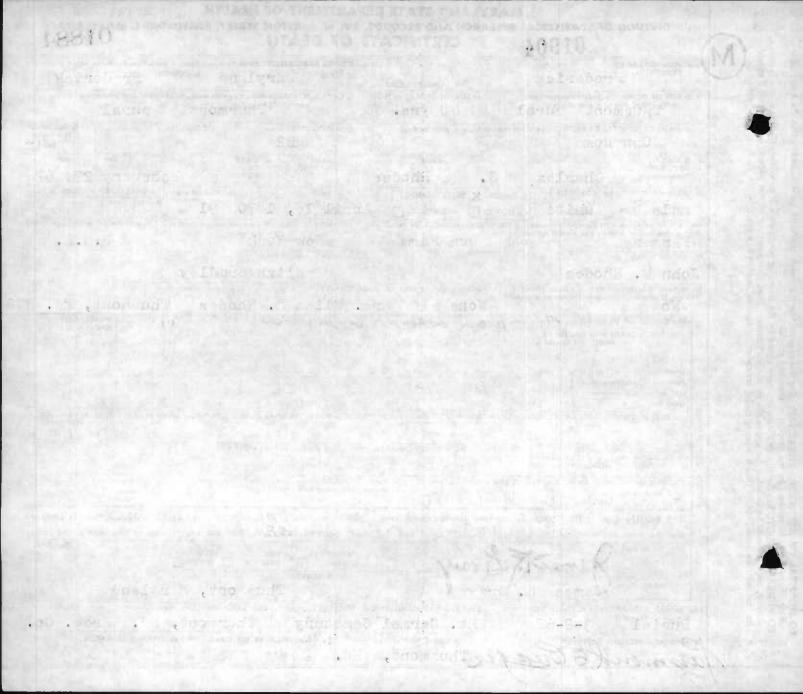
Frederick

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01904 funeral within 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If institutions Rasidence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY Frederick a. STATE Maryland Frederick 12 d MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) Thurmont 110 rural Vrs. a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 三品 RD2 Own Home YES NO TO completely requires that the death certificate be executed NAME OF 4. DATE Day Yaar First Middla Last Month DECEASED OF S. Rhodes DEATH 62 (Type or print) Charles February carbon 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX pue last birthday) Months mala white April event, WIDOWED DIVORCED physician remove 1 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratirad) U.S.A. New York Own Farm Farmer 14. MOTHER'S MAIDEN NAME please 13. FATHER'S NAME 2 aftending Eliza Bradley and John W. Rhodes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes giva war or datas of servica) Mrs. Eliza M. Rhodes Thurmont. Md. RD2 None the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by Alerio scloratici ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **burial-transit** DUE TO peen Conditions, if any, which (b) gave rise to immediate ceusa DUE TO (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIs) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO TA 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) d 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20a, PLACE OF INJURY (Home, farm, (Stata) 2Dd. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, streat, office bldg., atc.) While Not Whila Hour a.m. et work at work p.m. 4 1962 to Feli 26 1962 that (1) (we) last 19.4. 2 and that death occurred at S. R.M., from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. death. Page Y TO FUNERA. director, page be filed with " 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Thurmoht. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Burial Thurmont. Md. Mt. Carmel Cemetery Fred. Co. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (40 2 '62 Thurmont. . Md. DATE MAR

DYLAND STATE DEPARTMENT OF HEALTH

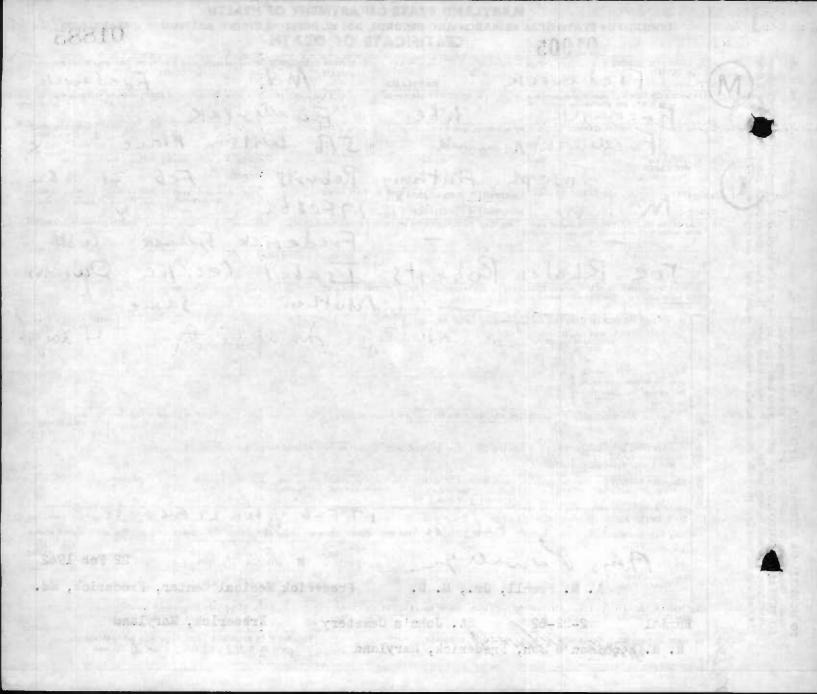


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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	death. Page 4 may be retained by the hospital or attending physician.	O FUNERA: RECIOR: After this certificate has been signed by the attending physician and completely filled in by the fun	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pa	Å

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01905

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
Tredevice MARYLAND	a. STATE Md. b. COUNTY Frederick
b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	11 Fuellerick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS o. 15 RESIDENCE
Frederick Manual	516 Wilson Place YES NO ST
NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Joseph Anthony	1606415 DEATH Feb 21 1962
A THE TER MARKED	DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY)
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY
	trederick trederick USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Toe Khodes Koberts	I cabel (ecilia Duinto)
	NFORMANT Address
Yes, no, or unkown) (Ifyesgive war or detes of sarvice)	Mother Same
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),]	INTERVAL BETWEEN
DART I DEATH WAS CALISED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	to Dumasany Taup
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate cause (e), steting the underlying DUE TO	
causa lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T RÉLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert t or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CEMBEL HEISE OF INIGHT IN 1911 FOR TOTAL TO BE TOWN 1007
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. While Not While tack	ory, street, office bldg., etc.)
	12 Fab 1062 . 21 Fel 1062 (1) (1) 11
21. I certify that (I) (this hospital) attended the deceased from.	
	death occured at 22.4M, from the causes and on the date stated above
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
The owen h	D. ATTENDING MED. PHYS. 22 Feb 1962 PHYS.
22c. PHYSICIAN'S NAME (Type) A. M. Powell, Jr., M. D.	Frederick Medical Center, Frederick, Md.
REMOVAL (Specify)	
Burial 2-22-62 St. John's Co	emetery Frederick, Maryland
4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
M. R. Thebason & Son, Frederick, Maryla	DATEFEB 2 3 '62 Civiling S. Thomas

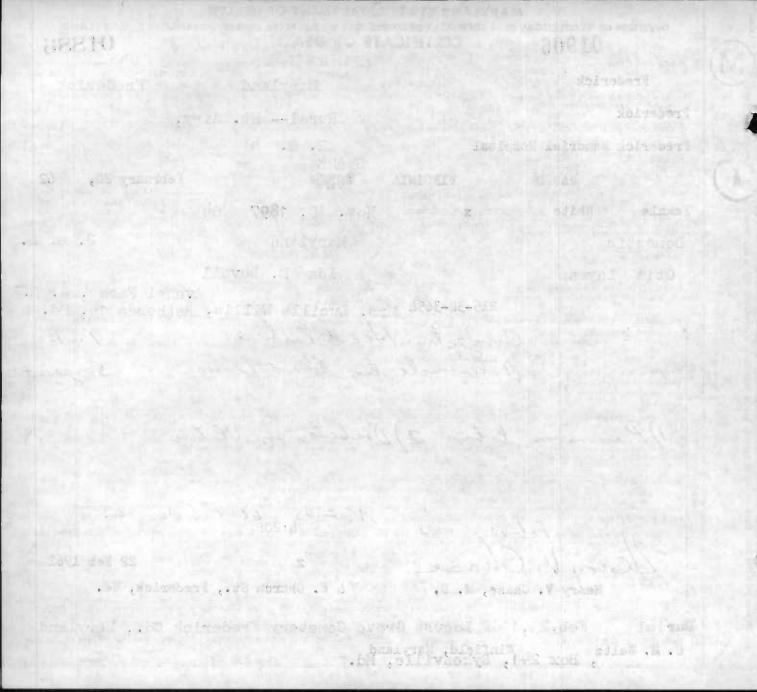


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01906 CERTIFICATE OF DEATH 01886

PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where d	laceasad lived, If institution: Resid	dence before edmission)
Frederick	MARYLAND	Maryland	27 2	erick
b. CITY OR TOWN (if outside corporate limils, write RURAL and give neerest town) Frederick	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside con		ve naerast town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address)	d. STREET ADDRESS	AJIV,	e. IS RESIDENCE
Frederick Memorial Hospita		R. D. 4		YES NO
3. NAME OF Maild (Type or print)	Middle VIRGINIA	SHANE OF DEATH		20. 19 62
5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED 8	. DATE OF BIRTH	. AGE (In years IF UNDER 1 YEA	
Female White WIDOWE		Nov. 10, 1897	64 yrs. Months Day	s Hours Min.
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if retired) Domestic	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, of Marvland	r foraign country) 12. CITIZEN	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Otis Layman		Ida M. Duva	all	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Affiel Far	mc P D
(Yes, no, or unkown) (Ifyesgivawarordatesofsarvica)	5-31-3651	T 133 W. 333		. 1
18. CAUSE OF DEATH [Enter only one cause per li	mrs	, Lucille Willi	s, Bethesda	14 Md.
PART I. DEATH WAS CAUSED BY:	+ //	eart Failure		ONSET AND DEATH
IMMEDIATE CAUSE (a)	gestive!	car row		Iwn
DUE TO	1. 1	to Heart De		
Conditions, if any, which gava rise to immediate cause	giosefal	is town by	since.	5 yearst
(e), stating the undarlying DUE TO				0
causa last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(6	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY &CCURED	. (Enter natura of injury in Part I or Part	II of itam 18.)	
Hour e.m. Whila	1. 1	CE OF INJURY (Home, farm, 20f. (Citory, street, office bldg., etc.)	ly or town) (County)	(State)
21. I certify that (I) (this hospital) attend				that (I) (we) las
saw the deceased alive on Fel-20	and that	death occured ar	n the causes and on the	
222 SIGNATURE	A-e M	ATTENDING MED. D. PHYS. DIRECTOR [STAFF PHYS. 22 F	reb 1962 SIGNED
22c. Physician's NAME (Type) Heary V. Chase,		22d. ADDRESS	, Frederick, Me	
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Burial Feb. 23.1962	Zac. NAME OF CEMETERY	OR CREMATORY 23d. LOCATE Commentery Fred	ATION (City, town or county)	(Stata)
24 FUNERAL DIRECTOR'S SIGNATURE C. M. Waltz Winf	ield, Maryland	25a. REC'D BY REGIS	STRAR 256. REGISTRAR'S SIGN	NATURE
, Box 241, S	ykesville, N	Id. DATE FEB 26	162 aritur 8 1	Tingua



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n signed by the attending physician and completely filled by the funeral	transit permit. Then please remove carbon papers. Page and 2 should	(die
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01907

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission)
a. COUNTY Frederick MARYLAND	. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1	
write RURAL and give nearest town) Frederick Lifetime	7// Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Frederick Memorial Hospital	112 East 6th St. YES NO IN
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Diana Carol	Shelton DEATH Feb. 5 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min.
Female White WIDOWED DIVORCED	Feb. 15-1948 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if relired) Student Elementary Grade	Frederick- Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer J. Shelton-Jr.	D. Pauline Shelton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address Waryland
(Yes, no, or unkown) (Ifyasgive war or dates of service) None	Elmer J. Shelton-Jr112 E. 6th StFrederick
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	ONISET AND DEATH
	mythogen, Tendramic
207 3 DUE TO	
Conditions, if any, which gave rise to Immediate ceuse	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH I [IF EITHER, NOTIFY MEDICAL EXAMINER]	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
nour a.m.	factory, street, office bldg., etc.)
	10 4- 10 (1) ()
	m, 19, 19, 19, 19, that (I) (we) las
	hat death occured at P.M., from the causes and on the date stated above
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
Huson	M.D. PHYS. DIRECTOR PHYS. 2-0-1902
22c. PHYSICIAN'S NAME (Type) Dr. A.M. Powell-Jr.	22d. ADDRESS
Dr. A.M. Powell-Jr.	Medical Center-Frederick-Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 2-9-1962 Mt. Olivet	Cemetery Frederick- Maryland
24 FUNERAL DIRECTOR'S SIGNATURE Pailey's Funeral Home-Frederick-Mary.	
by Twood J. Whitmore	DATE SEB 9 162 Quelling & Knows

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CERTIFICATE OF DEATH 01908 Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick b. COUNTY MARYLAND Frederick Mary and Ē erol b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) Lifetime Emmitsburg-Emmitsburg d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 2 Home YES NO. NAME OF DECEASED First 4. DATE Middle Lost Month Shuff February Millard Francis .Jr DEATH 62 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Nov. 5. Months 1895 white male WIDOWED T DIVORCED T 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OITICE mgr. Fred. Co. Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M.F. Shuff. Sr. Helen Zeck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes_no, or unknown) 203-10-2006 Emmitsburg, Md. Mrs. Helen Z. Shuff 72 attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO á Canditians, if any, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while of work of work . 1962 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at A.M. fram the causes and an the date stated above. S ADDRESS (Street, city or town, stote) ACTUAL may be retained D FUNERAL DIR page 3 shauld DIR W.R. Cadle PHYSICIAN'S the registror Emmitsburg, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BIREMOVAL Specify) 2-18-62 Mountain View Cem. Emmitsburg, Md. Fred. Co. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont, Md. VS AIS (4) 1SM 9/S5 DATE FEE 2 0 '62 Orthur 9 45

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND 01909 CERTIFICATE OF DEATH funeral within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick e. STATE b. COUNTY Md. Frederick the the MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Frederick Frederick l yr. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE Wynell Nursing Home 632 Military Rd. Fa ON A FARM? 604 Grant Place YES NO TO completely 3. NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH Luther H. Feb. 77 19 62 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED pue last birthday) White July 10, 1877 Male WIDOWED TO DIVORCED T please remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Machinest Machine-Tool Ind. Warren Co. Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 9 aftending Noah Sier Sarah Hornberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) 173 03 0385 Mrs. Earl Rosenstal Rrederick. Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), rteriorderocci PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if env. which gave rise to immediate ceuse DUE TO (a), steting the underlying After this certificate has the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED? Se 0 NO F 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (Stete) fectory, street, office bldg., etc. While Not While Hour e.m. et work at work SCIOR: to 2/11 196 2 that (I) (we) last and that death occurred all 30 R, from the causes and on the date stated above. saw the deceased alive on.... 22b. DATE SIGNATURE SIGNED ATTENDING STAFF X DIRECTOR PHYS. 62 PHYS. death. Page 4. CO FUNERAL director, page 5. be filed with the M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) James B. Thomas Frederick. Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Burial

2/14/62 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY St. Andrew Waynesboro, Franklin, Penna. 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) C. Phur S. France FER 1 4 '62 15M 9/60 Waynesboro, Penna. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL: CCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 smould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are death.

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Housewor	rk	Housewife		Virginia			U.S.	A.
. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
William	Log	r		Grace Ste	cks			
	VER IN U.S. ARMED FORCE		O. 17. II	NFORMANT		Address		
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ECIOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag director, page 8 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours TO HOSPITAL death. Page 4 VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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24 FUNER	AL DIRECTOR'S A		unswie	k, Mary]	Land		25a. REC'I		18AR 25b.	aribury S.		

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FOR STATE HEALTH DEP tor, Page ur files. Health, necessary, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed multificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dis 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-	V. V. L. G. C.		0.1030
•		PLACE OF DEATH COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before edmission)
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neagest town)	c. CITY OR TOWN (If outside corporate limits, write WRAL) and	give nearest town)
I,	1	Frederick 12hre	Charlestown	85 x -3
0		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1		Traderick Memoral Hosp	710 Circs Street	YES NO
		NAME OF DECEASED (Type or print) Middle	Last 4. DATE Month OF DEATH February	7 3 1962
Н	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		
		WIDOWED DIVORCED	1, 1900 62 yrs. Months Di	mys Hours Min.
		. USUAL OCCUPATION (Give kind of work look look look look look look look l	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZ ORLEGATION 14.	EN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
)		UNKNOWN	FRANCES BROWN	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	_	yes Pas-1942 SANIS, 1943 357-10-8323 1	tospilar Verenos	
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	2000	ONSET AND DEATH
		IMMEDIATE CAUSE (6) Trochured	- Skull	12 trus
		DUE TO		
		Conditions, if any, which (b)		
		gave rise to Immediate cause		
		(a), stating the underlying		
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS ALITOPSY
	110	TAKE III OF THE	The state of the s	PERFORMED?
	5	THE PROPERTY OF THE PROPERTY O		YES NO
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF OF OTHER OF PATH.	inter nature of Injury in Part I or Part II of Item 18.) 2	
1	EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (Count	y) (State)
7	WEDI	2 p.m. 2/12 19 62 at work at work 100m	ory, street, office bldg., etc.) Le 40 Abund	Co. Md
		21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection X, Inquiry X,	and in my opinion
		death resulted from: Natural causes , Accident , Suici	ide, Homicide, Undetermined manner	
	М		CHIEF MEDICAL EXAMINER	
		SIGNATURE DOMESTICAL	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
7		0 . 7 /	DEPUTY MEDICAL EXAMINER X	13/42
4		EXAMINER'S S, O, Shomas, MD	Address (Street, city, town, or county)	
	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)		(Stete)
	f	12-17-62 Salom	westwood 1.	1.
	23.	FUNERAL DIRECTOR ADDRESS 75 all	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
	,	& Donalde Chelsler 18	CIC DAFEB 19'62 avilua 8. The	all the
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MARYLAND	STATE	DEPARTMENT	OF	HEALT
	~	DEL MINISTER		

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11912 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased fivad, If institution; Rasidence before admission) a. COUNTY b. COUNTY Frederick Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give naerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Frederick Point of Rocks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO TO 3. NAME OF Middle Lest 4. DATE Month Dey Yeer DECEASED OF (Type or print) WILBUR ALLEN TUCK DEATH February 10. 1962 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthdey) Months Hours Male White Jan 1890 WIDOWED T DIVORCED 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad USA Telegraph Operator Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nathaniel L. Tuck Susan Sherer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive weror detes of service) Mrs. Bessie L. Tuck (Same as item #2) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a). I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to Immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY PERFORMED? NO X 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (Steta) (County) While Not While factory, street, office bldg., etc.) Hour a.m. at work et work n.m. 21. I certify that (I) (this hospital) attended the deceased from and that death occured 2:30PM, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a SIGNATURE Feb 1962 ATTENDING MED STAFF X DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS Charles H. Conley, Jr., M. 228 N. Market St., Frederick, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Point of Rocks, Md. St. Pauls Cemeterv 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Chilling S. House

DATE 1 5 '62



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M. R. Etchison & Son, Frederick, Maryland

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the funeral d 2 should The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within of death. Page 4 if the berefained by the hospital or attending physician.

S TO FUNERAL IN ECTOR: After this certificate has been signed by the attending physician and completely filled of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Page 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours aff

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY Free	lerick		MARYLAND						
	outside corporale timit give neerest town)	ts,	c. LENGTH OF STAY IN 16						
d. NAME OF HOSPIT	AL OR INSTITUTION (i	f not in ho	spital, give street eddress)	d. STREET ADDRESS	5		e. IS RESIDENCE		
Frederick	Memorial H	espit	al	100	Pennsylvania		YES NO		
3. NAME OF	First		Middle	Last	4. DATE Mon	th Dey	Year		
(Type or print)	VALLE	_	LANDON	WARD		ruary 21,			
5. SEX	6. COLOR OR RACE	7. MARRII	THE VER MARKIED	DATE OF BIRTH	9. AGE (In year last birthdey)	Months Deys	IF UNDER 24 HRS.		
Male	White	WIDOW	ED DIVORCED 3	11 Aug 1891	70 yrs.	Monnis 007s	74111		
done during most of wor Mechanic	ON (Give kind of work king lile, even if retire	d)	netic Devices	Virginia		USA	F WHAT COUNTRY?		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
P. Luther W	ard			Lucy E. Ev	ans				
15. WAS DECEASED EVE (Yes, no, or unkown) (If			SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	ss			
No	yesg14e we101 deles01st	2	14-10-3188 Mrs	. Blanche W	ard (Same as	item #2)			
18. CAUSE OF D	EATH [Enter only one	ceuse per	line for (a), (b), end (c).]		, ,	40	ERVAL BETWEEN		
	WAS CAUSED BY:	a	rterescleri	tra hears	t disease un	th	7- mo		
ナンカ	DUE TO		reun	ent mus	cardial infar	eta			
Conditions, if any	, which) (b)								
geve rise to immedi	ete cause								
(a), steting the ur	derlying					La Carlo			
Z PART II. OTHER	SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION G	VEN IN PART 1(a) 1			
ATIO		14					PERFORMED?		
PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DE:	SCRIBE HOW INJURY OCCURED.	(Enter neture of injury I	Pert I or Pert II of item 18.)				
		- 1204	INJURY OCCURRED 20a, PLA	CE OF INJURY (Home, fe	rm, ' 20f. (City or town)	(County)	(Stete)		
20c. TIME OF INJU Hour e.m. p.m.	19	While two	eNot While fector	ory, street, office bldg., et		(county)	(31010)		
21. I certify the	nat (I) (this hospit	tal) atter	nded the deceased from		19.57 to 2-2	1 -, 1963,1	hat (I) (we) last		
saw the deceas	ed alive on2	-21	19.6.2-, and that	death occured at.	M, from the causes	and on the da	ate stated above		
22e. SIGNATURE	Bon	n-	Quantina M.	ATTENDING PHYS.	MED. STAFF	22 F	eb 1962		
22c. PHYSICIAN'S	TTOU,	11		22d. ADDRESS			-,		
NAME (Type)	Rew R. Mar	tin,	M. D.	220 N. Ma	rket St., Free	lerick, Md			
23a. BURIAL, CREMATI-	ON, 23b. DATE THEF	REOF	23c. NAME OF CEMETERY O		Woodstock,		(Stete)		
24 FUNERAL DIRECTOR	s sichellus see	611	lesson h		EC'D BY REGISTRAR 256. R		TIME		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) b. COUNTY Frederick a. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Years Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hospital 2h3 East Second Street 3. NAME OF Month DATE Middle DECEASED February 9. WHARTON BODMER (Type or print) MARGARET DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH Glast birthday) and Months Aug 1897 Female WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work remove 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Virginia At Home House-work 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending pt Then please r George Bodmer Eloise Downs 16 SOCIAL SECURITY NO 1 17 INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give war or dates of service E. Linwood Wharton, Sr. (Same as item #2) 217-10-0131 hospital or attending physician. certificate has been signed by the the burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: HEMORRHAGE IMMEDIATE CAUSE (e) DUE TO BENIEN PERFORATING DUODENALUKCER Conditions, if any, which gave rise to immediate couse DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY as INFARCTION RIGHTRASAL GANGLIA nse prior 2Da. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) detached for OR CONTRIBUTING | CAUSE OF DEATH retained by the IOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) ATTENDING factory, street, office bldg., etc.) While Not While Hour e.m. at work et work ECTOR: 1962 to FCB 9 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from FCB S 1962, and that death occure 19:35PM, from the causes and on the date stated above. saw the deceased alive on FCB pinous 22. SIGNATUR ATTENDING STAFF 12 Feb 1962 DIRECTOR PHYS. PHYS. death. Page 4 death. Page 4 director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S 4 W. Patrick St., Frederick, Md. John H. Teske, M. D. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY TREMOVAL (Specify) Mount Olivet Cemetery Frederick. Maryland

M. R. Etchison & Son, Frederick, Maryland

VR A15 (4)



24 FUNERAL DIRECTOR'S SE

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 1 5 '62

arthur S. Thousa

. IS RESIDENCE ON A FARM?

YES NO X

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IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

YES TO NO

(Stete)

22b. DATE

(Stete)

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Frederick

Property States Name and Address of the Control of

217-22-211 L. Linesia Charton, Dr. (Sues as isea d2)

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M. H. Moniscon't Ton, Frenchick, Maryland

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e funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. **D. FUNERAL D. STOR:** After this certificate has been signed by the attending physicion and completely filled in by page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 4 and the State Board of Health prior to burial, cremotion, or removal, and in any event within 72 hours after death. TO FUNERAL C

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11	PLACE OF DEATH	CE OF DEATH		2 LISUAL PESIDENCE (W	here deceased lived. If instituti	ian: Residence befare admission)
	a. COUNTY	ederick	MARYLAN	G STATE	b. COUNTY	
t	CITY OR TOWN (IF	autside carporate limits, writ	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF	autside carporate limits, write Rourmont R.D	RURAL and give nearest tawn)
(OR INSTITUTOR	AL (If nat in haspital, give str IOMO	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type ar print)	ATLEY	Middle	WILLARD	4. DATE OF DEATH 2-II	962 Day Year 19
S. S	Ma le	1.176 3 4 0	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Jan. 2. 1917	9. AGE (In years last birthday) 45 yrs.	Manths Days Haurs Min.
10a	. USUAL OCCUPATIO during mast of work LADOPEP	N (Give kind af wark dane 1 ing life, even if retired)	06. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote Fredk. (U.S.A
	Welty S	mith		14. MOTHER'S MAIDEN Alice W:	name illard	
1S. Yes		R IN U. S. ARMED FORCES? If yes, give wor or dates of service)		lice Willard		ress R.D.I MD
CERTIFICATION	Canditians, if ar gave rise to in cause (a), stating t lying cause last.	the <u>under-</u> DUE TO (c)	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU A. INJURY OCCURRED 20e.	RRED. (Enter nature of injury in		(Caunty) (State)
MEDICAL	Haur a.m. p. m.	WI	hile Nat while wark at wark	factory, street, affice bldg., et		(County) (Sidile)
	21. I certify that saw the deceas 22a. SIGNATURE 22c. PHYSICAN'S NAME (Type)	That.	ended the deceased fro 19.6.2 and the	at death accurred at	STAFF PHYS.	nd an the date stated abave. 22b. DATE SIGNED
230	Burial (Specify)	N, 23b. DATE THEREOF		em.Foxville	23d. LOCATION (City, town, Frederick	Co. Md
134	Edweral director	E. Creager	agu Thur	1 150		ISTRAR'S SIGNATURE

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